



# Inter Care Report **Malawi visit, September 2009**

Mrs Carol Austin, Resource Manager Inter Care  
Mrs Diane Hardy, General Manager Inter Care

This visit was Diane's first to Africa and Carol's first to Malawi so there was a lot to be learned on this trip.

## Friday 4<sup>th</sup> September

We were met at Lilongwe airport by Sister Christina, Sister Margaret (Sisters of the Holy Rosary) and Sylvester who was to be our driver for our stay in the north of Malawi.

We left Lilongwe on the M1, which is part of the Trans African highway, a straight tarmac road that goes through to Tanzania. We were traveling in a pick up truck with a roof on the back and Diane,

Sister Christine and I sat on the floor of the back, which had been fitted with a mattress for the journey.

This was surprisingly, not as uncomfortable as we imagined it would be. After 2½ hours on this road we arrived at the town of **Nkhamenya** and just after the town sign we turned left onto a marram road which led us to the hospital, school and the convent on the Sisters of the Holy Rosary where we were met by Sister Margaret Nyirenda, who is also the Matron of the hospital which is situated on the top of a small hill and looks out over the surrounding rural community



After a very enjoyable lunch where we met with Gerald, a project Manager for the new theatres and out patient's buildings and Dr Peter Aldo, when we were presented with gifts and a cake, we went to the hospital.

We were able to look round the new Theatres, these are now completed and they are just waiting to get the necessary extra staff required to use them. Mainly the Behr foundation and Angels International funded the project. They have a substantial amount of equipment in place already including 2 autoclaves, so are able to use small instruments, which can be re-sterilised.

We then visited the pharmacy and talked to the pharmacist who was delighted with a consignment of medicines, which had arrived from Inter Care the previous week. Sister Margaret was particularly pleased with the set of Baby scales, which were included and these were put to use on the day they arrived.

The new Out Patient block is still in construction; this has been funded to a large extent by a donation from Abbott Pharmaceuticals.

The hospital has 7 nurses at this time but is trying to recruit more; it is the hospital of choice for a population of around 20,000 who travel from as far away as Zambia to be treated. Patients include Maternity, general medicine, children and at the moment simple surgery.

They agreed to complete new questionnaires for us and to give us a list of small instruments they need if we can help. The staff here seemed to be very efficient and was very pleased that we now send out Pharmacy protocols and would like more if possible so that each member of staff involved in prescribing has a copy to which they may refer.

At the end of our visit we carried on along the M1 for a further 3 hours to reach Mzuzu and the Motherhouse of the Sisters of the Holy Rosary, which was to be our base for the next few days. Here we met Sister Maria Rosa who has worked hard on our behalf to arrange our itinerary in the north of Malawi. We also met Sister Devota who trained at St Anselems in Kent and spent some time at Inter Care in the early 1990's.

At the end of a very long days traveling, we excused ourselves for an early night and preparation for another long day tomorrow as were are to attend the celebration mass of the priest in Mzuzu who has reached 25 years in the ministry and a visit to St John of God Hospital

## Saturday 5<sup>th</sup> September



Along with a group of Sisters from the convent we attended the Celebration Mass for Father Robert Mouchowah, who had reached 25 years as a priest. This was held in front of the Cathedral in Mzuzu. It was a very interesting and entertaining celebration as well as being a Mass attended by possibly 400-500 people of all ages and walks of life. There was much singing and processing and dancing and towards the end (or so we believed) the priest was presented with gifts some obviously small amounts of money and some very large gifts. (One of them, from its size and shape, looked very much like a very large flat television) All of the gifts were beautifully wrapped.

After the priest had received his gifts we were surprised to discover that "the second half was about to begin". This was in fact the speeches and lasted for around another hour meaning that the celebration Mass had in fact lasted for 4 hours.

After lunch we went to visit St John of God but unfortunately our host had gone out for the day. We therefore went to **St Patrick's Health Centre at Rumphi.**

Leaving Mzuzu on the M1 we traveled north for 60 Km where we took a left turn signposted Rumphi we then traveled on until we arrived at a T-junction where we turned right. This road took us into Rumphi where we took a right turn to the Seminary, the Novitiate, the school The Convent and to St Patrick's Health Centre where we were greeted by Sister Mary, Sister Theresa, who is the assistant Pharmacist and Sister Francesca, the superior of the Convent

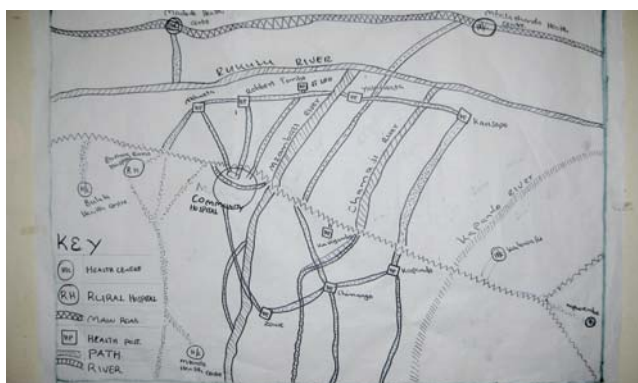
The health Centre has 4 male beds, 8 female/paediatric beds and 12 Maternity beds; it also has 3 private rooms the funds from these help to cover the cost of patients who cannot afford to pay for their treatment. The catchment is around 4,000 and they do outreach sessions every week in 3 villages the furthest of which is 24 Km from Rumphi.

We met Esme Phiri, who is the pharmacist and Peter, the Accountant. We spoke at length with Esme regarding the amounts and type of medicines used by them and left them with a questionnaire to fill in and return. At this time they are not included in our PWA programme of supplying medicines specifically for palliative care of Patients with AIDS, but after talking to them it is apparent that they would benefit enormously if we were to include them.

Of the patients that they see on average 15 out of 20 present with symptoms of malaria.

They have no other donated medical supplies and shelves were very poorly stocked, we did however see Inter Care donated medicines, which were sent out to them in late July. There was some confusion but it appears that Inter Care provides at least 10% of all the medicines used here. This is obviously in a very poor rural area where many of the patients are unable to pay for their treatment and they were very grateful for the supplies sent to them by Inter Care.

## Sunday 6<sup>th</sup> September



Due to the remoteness of **Mzambazi Community Hospital**, we combined the visit with a trip to Vwaza Marsh Nature reserve where we went on a short safari with Sister Christina and Sylvester our driver. We then continued to Mzambazi Hospital, which was about 2 hours away along a rough and windy road.

We were greeted by Sister Denisa; the Sister in Charge of the hospital who showed us round. We also met the clinical Officer, Pharmacy Attendant Steven Mvura and the Clinical Officer Sibusiso Nhlema.

The hospital has a catchment area of 14,159 (which covers 87 villages) 6,604 of these are under 5 years old. In addition to the services provided at the hospital, they have 12 outreach clinics the furthest of which was 24 km away from the hospital. These are visited every 2 weeks. The nearest referral hospital is 78 km away at Mzimba, over a very poor quality road. They carry out minor surgery but most of the care is in general medicine, paediatrics and obstetrics.

The medicines that Inter Care has provided are the only donated medicines that they receive and the shelves in the pharmacy were very poorly stocked. It emerged that they provide palliative care for around 120 HIV/AIDS patients and would benefit greatly from receiving PWA parcels. They do not provide ARV treatment as this is all referred to Mzimba. Last month they carried out 380 HIV tests of which 12 were positive, the hospital sees around 600-700 patients per month. The hospital provides the transport for patients to collect their medication using their ambulance, which is the only vehicle that they have.

The staff consists of 8 nurses, 1 clinical officer, 1 medical assistant and 1 pharmacy attendant and the hospital has 80 beds including 5 male, 18 female, 15 paediatrics, 7 labour ward and recovery, 8 Prenatal, 14 postnatal, 4 Premature babies, 7 rehab and 6 isolation beds.

We were able to photograph the statistic charts they have produced which were compiled by Johnny Chiramba, the accountant who seems to be very efficient.

After the visit, we had 3½ hours of difficult terrain to cover back to Mzuzu. The roads were very uneven and bumpy.

## Monday 7<sup>th</sup> September

We had an 8am meeting with Brother Aidan Clohessy, OH at **St. John of God Hospital at Mzuzu** in its out patients centre in town, also there was Anthony Chirwa, the administrative officer. St John of God is a mental health hospital.

Inter Care has supported this hospital in the past but for some reason it had slipped out of the loop.

This is a large facility which was formed 16 years ago by the Brothers of the Order of Saint John of God who are the main benefactors they have 152 staff who are spread over a hospital, and out patients department, community nurses, occupational therapy and vocational training departments on 3 sites. Patients are not admitted to the hospital unless absolutely necessary as it is felt that mental health issues are best dealt with as outpatients.

There are 12 outreach clinics and the hospital also provides mental health care for Mzuzu prison. A large proportion of the patients are those on ARVs, depression being a side effect of long term ARV treatment. The government provides funding for staff and for inpatient medicines but not for outpatients who represent 78% of the hospitals total pharmacy bill. Each year the outpatients department spends around 5 million Kwacha on medicines which they purchase from Durbin once a year.

They have a day care centre where patients receive skill-based training (carpentry, bricklaying cooking etc).

The hospital receives a grant from Government for salaries.

OPD sees an average of 25 patients per day all of the mental health patients in the catchment area of 250,000 people are treated at St John of God, which is the only mental health facility in the North of Malawi (there is one in Lilongwe and one in Blantyre), an only one Psychiatrist in the whole of the country. The hospital uses clinical officers and trains them in mental health.

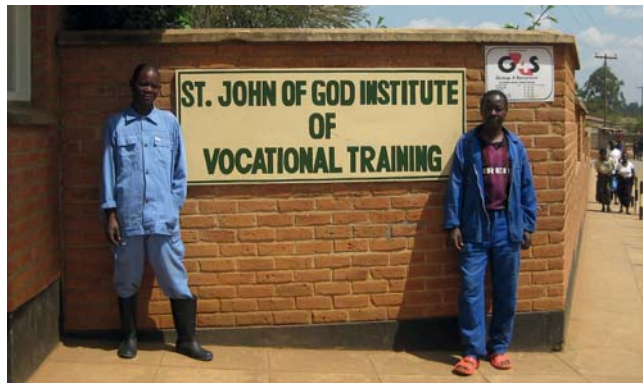
We then continued on to **Ekwendeni CCAP Hospital**.

This hospital also received medicines from Inter Care in the past. To reach this we left Mzuzu on the M1 heading North to Tanzania and traveled for around 30 minutes before reaching Ekwendeni,

This is a relatively large hospital with a catchment of 70,000 we were met by Dr Anneke Snoep and the Pharmacist, Alex Munthah. They have 175 beds covering male, female, paediatrics, maternity and private, (the funds from the private beds help to fund the treatment of patients who are unable to pay.

They do not receive medicines from any other donors and buy them all from the government when they can afford them. The hospital is an accredited ARV hospital and as such receives ARVs from the government; they can always use more if we have suitable ones. The hospital has 200 staff including 40 nurses, 1 Doctor, 4 clinical officer and 2 medical assistants. They have an outreach programme, which covers 12 villages. They perform minor surgical procedures and have a "kangaroo" premature baby unit.

When we discussed adding them to our PWA programme they were very keen to tell us what a difference it would make to their ability to treat their HIV/AIDs patients.



## Tuesday 8<sup>th</sup> September

This morning we said our farewells to Muzuzu and caught the bus to Blantyre a journey that was to take 13½ hours. At the end of a very long and tiring day having been stopped at 15 police road blocks and having had our bags checked twice we finally arrived at Blantyre to be met by Sister Margaret and a driver who took us on to Merryhill convent where we were to stay for the night. Sister Elizabeth the Superior and Sister Rosalie who gave us a very warm welcome and arranged for us to go to Sukasanje and Namulenge the following day.

## Wednesday 9<sup>th</sup> September

We set out early this morning to visit **Sukasanje Health Centre**, which is situated, to the west of Mount Mulanje.

We left Blantyre on the Mulanje road and followed this until we reached the border with Mozambique which is 60km, just before the border we turned left onto a marram road which we followed to Sukasanje. This is around 20km and quite rough but the scenery was quite spectacular as we drove



around Mount Mulanje and past the tea plantations which had large signs saying, " this is a child labour free plantation". The journey took a total of 2½ hours .The last time this health centre was visited it was necessary to cross a drift to reach it but there is now a bridge.

We had some difficulties as the Sister in Charge was on retreat at Mary view and the clinical office and the pharmacist did not have very much English, however we were able to get some information and take some photographs and we then spoke to Sister Josephine on our return to Blantyre.

When we arrived we were greeted by Gerrard, the Clinical Officer, and Raphael, the pharmacist.

The clinic has a catchment of 11,148 and has an outreach programme which covers 12 villages, the furthest of which is 3km from the Clinic. It also has a programme for dealing with undernourishment, and a small ward to deal with patients who need to remain there whilst they are treated the clinic has a dentist who mainly performs extractions the Laboratory is not in use at this time as they are unable to get a replacement light for the microscope which is very old.

We then visited Namulenge Health Centre where we stayed for the night; we were greeted by Sister Rose Chopi, who is in charge of the Health Centre, and the adjoining Convent. Sister Rose also received medicines from Inter Care while she was the in Charge at Rumphu and at Matiya.

(To reach Namulenge from Blantyre take the M2, the Mulanje road, turn left onto the M4 Limbe road and then left onto the T413 heading for Namitambo it is about 45 minutes from Blantyre).

This Health Centre is very close to the Mozambique border and 65% of its patients come from across that border, they have a catchment of around 9000. . The health centre is to be upgraded to a Rural Hospital, and at this time they have 10 general beds, 12 maternity beds and 3 labour beds.

14 villages, the farthest 12 km from the centre are visited as part of an out reach programme carried out by Health Services assistants. They have 12-33 deliveries per month. 40-5-% of all antenatal patients are HIV positive and as a result they are given Nivirapine at delivery. They have just built a Cholera block which is not yet in use, but will contain 6 beds. They have a small dental clinic and Laboratory

## Thursday 10<sup>th</sup> September

On the way back to Blantyre we visited **FOMO Clinic** which is on the Mulanje to Blantyre road just outside Mulanje. FOMO (Friends of Mulanje Orphans) was founded in 2000 by Mary and Keith Woodworth from the UK and all of the funding comes through them. The group consists of 13 orphan centres around Mulanje which, between them provide security, education and support to 6000 orphans. The clinic on the Blantyre road provides the health care for all of the orphanages. We were contacted by Mary some time ago asking for support with medicines and we agreed to visit whilst we were in the area. We were greeted by Dr Mphatso Pirie who is the doctor in charge and by Jonathan Dzimibiri; the co-coordinator of the orphanages who is the coordinator for FOMO.



The clinic, which was opened in April of this year provides care for those suffering from Malaria, anaemia, infections and minor injuries, serious illnesses are referred to Mulanje District Hospital. Mphatso has studied at Leeds University and has a very good grasp of English, as well as being the Doctor in Charge; he also carries out some laboratory tests. They have no government support and are in great need of basic medicines for the children and we agreed to put their case for support to the Trustees on our return.

We then returned to Maryview, which was to be our base for the next 4 days.

## Friday 11<sup>th</sup> September

### Pirimiti Community Hospital

Leaving Maryview on the T4 to Limbe take turn onto the M4 Limbe (Blantyre.) Continue until roundabout with Standard Bank and take the third exit and turn left at the traffic lights to Zomba, drive past Limbe Railway station on the right and after approx 1 hour turn right to Pirimiti and immediately right again to Jali.



We were greeted at the hospital by Doris who is the Matron and has been there for only 14 months . They have a sister who is a trained home craft worker and a chief medical officer who is a qualified Gynecologist and obstetrician, The Doctor is a Sister from Italy and has been able to raise funding from there for some much needed renovation. There are 58 beds in 5 wards which cover Male, female, children, maternity and they have a new unit for nutrition and an OPD.

The state of the existing wards is very poor and some mothers are opting to have their babies at home rather than use the facility. They are working very hard to ensure that the hospital is improved and they now have 14 nurse/midwives. When the new buildings are completed ( due September, now December 2009) there will be 100 beds , with the added facilities available they hope to be able to treat most cases on site and not to need to refer as many to Zomba hospital.

They have a laboratory but it is not functional as they do not have a technician, they have advertised but it seems unlikely that they will get one until the improvements to the hospital are completed. The catchment area is 46,000 covering 78 villages, the furthest of which is more than 10Km away and an outreach programme is provided by Zomba HSAs.



The hospital sees around 150 maternity cases each month, 10-15 of these being premature births, anything other than a straightforward delivery is sent to Zomba, not because of lack of competent staff, but lack of facilities at this time. When the new buildings are completed and staffed it is expected that most cases will be dealt with at Pirititi.

After our visit to Pirititi we continued to Matiya Health Centre which is about 30 minutes from Pirititi, but it is difficult to give directions. Continue on the Jali Road and at some point take a left onto a marram road which takes you direct to Matiya.

When we arrived, we were greeted by Sister Bernadette who is the Sister in Charge of the Health Centre. Because of shortage of staff, she had just worked for 2 days and 2 nights without a break, supervising the out patients and delivering babies (the previous night she delivered 5 babies)

The health centre has 33 beds, 22 of which are general beds and 11 maternity, the catchment area is 32,723 which consists of 96 villages and 7570 households. There are 5 qualified staff, 30 support staff and 36 HSAs. The outreach programme consists of 7 centres, each of which is visited at least once a month.

They have 128 patients on ART at this time and 50 who are HIV positive and are treated with Co-trimoxazole. Staff from Zomba visit once a month to bring ARVs.

Currently Patients have to pay a user fee but it is in the pipeline for them to get a service agreement with the government ensuring that all deliveries are free. All referrals have to be made to Zomba which is around 80Km. They have a dentist but she is on long term sick leave at the moment and they have been unable to get a replacement.

The have been forced to close down the laboratory as they do not have a fully qualified technician, they do however have a nurse who is able to do the HIV tests and the HSAs are also trained as counselors.

Over the weekend we were able to catch up on our paperwork and take a sightseeing trip to the Shire River and Chiquowa.



## Sunday 14<sup>th</sup> September

On our way back to Lilongwe we had arranged to visit Nzama, Health Centre which is situated at Ntcheu... We left Mary view early with the intention of breakfasting at Nzama, but received a call to tell us that Sister Elizabeth had arranged for us to call at the **Health Centre at Nsipe**, this was obviously one of the 8 that she had told us about the previous night. This centre is situated just off the road from Blantyre to Lilongwe (turn off at the Ntcheu turn and take the 1st right which leads directly to the convent (BVM) and the clinic. We were taken around the clinic briefly after breakfast and it was evident that they are in great need of medicines.



They have 20 beds and treat mainly maternity and obstetrics, but also have a general ward which is used for male, female and children as necessary. They have 5 HSA who visit the outlying villages and 2 nurses and a clinical assistant.

We left questionnaires for them to fill in and promised to consider the clinic for our waiting list as Inter Care expands to take on more clinics.

We then went back to the Ntcheu road and headed for **Nzama Health Centre**, At the Chisinga Junction turn left and proceed for 17 km. This road is very rough and passes through a very hilly area. In the rainy season the road is virtually impassable, but patients still need to be referred to the hospital at Zomba if the clinic is not able to treat them. We were greeted by Sister Elizabeth Nakoma, who is the pharmacist and Sister Mary, who is the cashier.

The clinic has a catchment of 13768 which includes 20 villages in Malawi; however 85% of the patients come across the border with Mozambique. They do not have a service agreement with the government and so patients have to pay for their Maternity care (350 Mkw for the delivery, 300 Mkw for ANC - 400 if it is twins).



The clinic has to buy medicines from Worldwide in Blantyre where at the time of our visit they were in debt for MKW400,000. They do not buy from CHAM as the medicines are very expensive and more often than not out of stock.

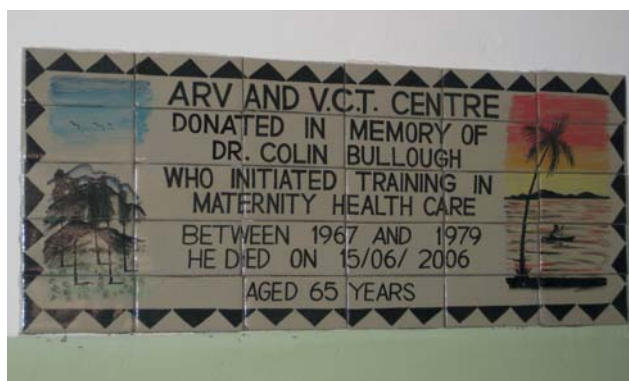
They dealt with 114 deliveries January to March 2009 and recently it has increased to 50-70 per month. All premature births and difficult births have to be transferred to Zomba. In common with most of the small units that we visited the laboratory has been closed down by the Government because they did not have a fully qualified Lab technician, also in common with many they have advertised for one but have had no response.. The same applied to the dentist who was not fully qualified.

Monday 15<sup>th</sup> September

## St Anne's Hospital Nkhota Kota

From Salima take the road to Nkhota kota; turn right at sign for St Anne's Guest House, just before the BP garage. Follow the road and the hospital gates are straight ahead.

At the hospital we were met by Mr Emmanuel Pemba; the hospital administrator, Mrs Doris Nadambwe; the Pharmacist (also nurse midwife) and Mr Emmanuel Chimusi, the cashier. The hospital has 35 nurses, 1 doctor, 8 clinical Officers, 6 medical assistants and 6 HSA workers, and has a catchment area of 350,000 which includes 3 health centres which offer Maternity and OPD services (primary care) these are at Liwaladzi, Chidichi and Kapire.



We also met Dr Wak Banda who showed us around the hospital. It is a big hospital with 170 beds where they see between 40 and 40 out patients per day. A new government hospital has recently opened which drastically reduced the number of patients seen at the hospital, but due to the level of patient care given at St Anne's the numbers have returned to normal. They do not have an X ray machine so they send patients to the government hospital for these. The hospital has a laboratory and operating theatres which we were not able to see for reasons of sterility.

They had a service agreement with the government for Maternity cases but have cancelled this as they were not getting payment and as a result the only Maternity cases are those prepared to pay. There is a large ophthalmic unit which at the moment is run by a German optician and they have a huge supply of glasses for the 6-10 outpatients per week that they see.

Inter Care has been supporting St Anne's for over 20 years and it was good to see that they had Inter Care labelled medicines on the shelves. Although it is a large hospital it was evident that it badly needed our help with supplies of medicines. They see a large number of Diabetics and are glad of testing strips, and also use a lot of antidepressants, mostly as a result of ART for HIV/ AIDs.

Medicines are bought from CHAM and from the central medical stores, which is expensive but does allow them to buy on credit (have a debt of 250,000 MK).

On leaving St Anne's we went back to Salima, where we spent our last night in Malawi, via Senga Bay where we saw Lake Malawi for the first time, and returned to the UK on September 17th having seen all of the clinics that we support (bar one) in Malawi and two prospective ones.

We both express our thanks to Sister MariaRosa and Sister Elizabeth for the welcome that we received and for their efforts on our behalf. Without their help it would have been so much more difficult for us to efficiently complete this visit.

It was evident from our visit that there is still a great need for Inter Care to continue to support these clinics, which are all well run by competent staff who have the well being of their patients at heart.



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