



Inter Care Report **Zambia visit,** **June 2010**

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Introduction

Zambia, a country the size of France and Germany combined, has a population of only 12 million. As a result of this the distances between communities is immense, this is exacerbated by the very poor condition of all but the few major roads despite large investments by China into road improvement schemes in association with their investments in the copper mining industry. Hopefully this will see an improvement of the condition of many of the roads in the future.

The admitted HIV/AIDs rate in Zambia is just under 10% but it is generally agreed that it is in fact much higher than this and is increasing, in some part because of the migration of workers into the newly re-opened copper mines from Namibia and from Mozambique. This revival of industry in the copper belt has also opened up the gap between rich and poor in Zambia.

On our arrival at Lusaka we were met by Sister Francis Mary from St Augustine's Seminary at Mpima and Lawrence who was to be our driver for our time in Zambia. Mpima is approximately 2 hours drive from Lusaka initially on the great north road which is one of the very few good tarmac roads in Zambia, joining Cairo to Cape Town. On reaching Kabwe we moved onto the marram roads which we were to travel, in the main, for the rest of our visit.

St Augustine's Seminary

The seminary is a small community about 1 hour from Kabwe which consists of 120 seminarians and 35 families.

Sister Francis is the only nurse and they do not have a visiting Doctor. Any patients that she is unable to treat are referred to the hospital at



Sister Francis



The Garden of the Seminary

Kabwe. They do not have any in-patients; all patients are treated in their own homes.

Her timetable for the day is as follows:-

7.30-8.00 Clinic for seminarians

8.00-9.30 Out patients clinics for families

10.00-11.00 Home based care

12.30-4.00 Work as librarian

18.30-19.30 Clinic for seminarians

Sister Francis treats simple illnesses such as sports injuries, Malaria and its resultant effects; stomach problems and infections. There are also many cases of chest infections and asthma and eye infections due to the dust in the dry season.

The dispensary receives no support from Government but does receive some small donations from Holland. The medicines sent by Inter Care represent 80% of all their medicines. We must remember when sending medicines that this is not a small health centre but a small dispensary and as such should only receive basic medicines, which sister can confidently dispense.

Sister Francis is to be replaced in September when she is moving to another seminary and as yet there is no information as to who will replace her.

After an overnight stay at the seminary we moved on to the Holy Family Rural Mission Health Centre at Mbezhi leaving at around 8.00 am. Mbezhi is situated in the Solwezi region of Zambia and once again our journey began on the great north road until we reached Kitwe, when once again we turned onto typical Zambian marram roads, which deteriorated rapidly. We drove through the copper belt and onto Mbezhi arriving at around 7 pm having had a brief stop for lunch. This is not a journey for the faint hearted.

Holy Family Rural Mission Health Centre

We were greeted at the clinic by Sister Vivienne and after a very welcome meal we retired. The clinic is run by the Sisters of Charity but receives no funding from the Catholic Church; it does however receive some assistance from



Sister Vivienne



Holy Family Rural Mission Health Centre

government towards staff costs. They have an income generation scheme whereby they provide accommodation for seminars and have 8 private beds. They have no ambulance and have to use Sisters vehicle to transport patients as necessary to Mwinilunga Hospital which is 80k from the Health Centre.

The Health Centre has a catchment area of around 10,000 people who are spread between 8 rural centres, the furthest of which is 80k from Mbezi. They offer outreach clinics for under 5's, nutritional clinics, home based care for HIV/AIDs, orphans and vulnerable children, and clinics for PMCT and TB.

As the centre is not yet an accredited HIV/AIDs centre they are not able to prescribe ARVs but do provide treatment for opportunistic infections and other HIV/AIDs related conditions. The centre has 5 nurses including Sister Vivienne, 2 which are also midwives, and one environmental technician.

48 beds and 16 cots serve male, female, paediatric and obstetrics cases, of which, on average, there are 12 deliveries per month. Over the last 5 years their still born rate has dropped to less than 1:1000 deliveries. The only charge made to the patients is a one off registration charge which provides them with a record book for medical history and treatments. This is 1000ZKw which is the equivalent of around 30p in the UK.

The clinic is run in a very professional way and we were shown records of drugs received and patient records of drugs used. It is however desperate, as most are, for more medicines, and those sent by Inter Care are crucial to the survival of the centre.

The following morning we went on to visit Luwi at Ntambu. Father David from Mbhezi offered to drive us there in his 4 wheel drive vehicle as he did not feel that the car we were in would be up to the state of the roads on the way; this did not fill us with confidence as some of the roads already encountered had been challenging to say the least. However, having made the trip we appreciated his decision.

LUWI Rural Mission Hospital Ntambu

We left Mbehzi at around 9.00 am, accompanied by two visiting Sisters and Sister Francis with Sister Vivienne. To say that these roads were not good was being kind, as we had 3 hours of rocking and bouncing in the back of the truck before reaching Luwi



Sister Caritas (Right) and Sister Anna



where we were met by Emmanuel Bwalya who is the administrator, accountant, general mechanic and also a trained driver of the motorbike ambulances (4) that they were given last year. They also have 2 ambulances. We also met with Simon Nkandu who is the pharmacist. Both of whom gave us a tour of the hospital and answered our questions.

The hospital has 90 beds covering medical and surgical cases and one operating theatre. They see around 75 outpatients per day and have 12 deliveries per month. The main illness seen, as expected, are Malaria related and the incidence of HIV/AIDs is increasing; again this is thought to be a direct result of the influx of workers into the country due to the re-opening of the copper mines. They receive free ARVs from the government and from CHAZ (Christian Health Association Zambia). They also receive an amount of free medicines to treat opportunistic infections, however there is never enough.

The hospital serves 4 out reach clinics, the furthest of which is 42k away from the hospital. These have a population of around 2,000 and are visited each week for clinics for ANC, HIV/AIDs and PMCT. The hospital has 1 doctor, 1 clinical officer, 8 nurses including 2 midwives, 1 lab technician, 1 pharmacist and 1 environmental technician. The nearest referral hospital is Mwinilunga which is 120k away.

Because of lack of funding they have had to withdraw their nutritional programme and only give supplements to the worst cases. As with Mbehzi, the only charge is the 1000ZKw registration fee.

The hospital receives some medicines from the Sisters in Korea and Inter Care's support supplies around 30% of all medicines. Sister Caritas, the Sister in Charge of the hospital, was not available at the time but we were to meet her on our way back to Solwezi where she had attended the induction of the new Bishop.



Colin and the sisters prepare to set out for Luwi, as usual Carol is behind the Camera

The hospital seemed to be exceptionally well run and was spotless.

We then returned to Mbehzi where we spent the night. We continued on our journey the next day taking with us the gifts of maize, pineapples and a live chicken which we passed on to the sisters at the seminary. We then carried on to Livingston where we were to say goodbye to Sister Francis and to Lawrence as we left for Botswana and a welcome holiday.

Summary

All of the clinics that we visited were well run and, bearing in mind the limitations of their power and water supplies, were clean and efficient. The cost effectiveness of this trip has to be questioned as over the course of 7 days we were only able to visit 3 clinics. This is due to the distances involved and to the state of the roads. The airport at Solwezi has just reopened and for future visits it may be better to cover the whole of Zambia in one trip using flights from Lusaka to Solwezi and to Kasama depending on the costs involved.

It was however a very worthwhile trip in as much as we were able to see for ourselves just how much of a difference the medicines from Inter Care make to the treatment and care of the patients, in particular at Mpima where they do not need sophisticated medicines but basic pain relief and antibiotics etc and without our help they would have nothing.

Our thanks go to Sister Francis and our driver Lawrence for the long hours spent on the road with us and without whom this trip would have been almost impossible.



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