

PHYSIOTHERAPY IN MALAWI

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Putting Physiotherapy in Malawi in Context

According to the World Confederation of Physiotherapists, in January 2011, there were approximately 14 million people in Malawi and just 27 physiotherapists (15 from Malawi). After much campaigning, the Malawian government announced that they would be opening a physiotherapy programme at the University of Malawi College of Medicine and finally, in December 2010, the first cohort of 25 physiotherapy students commenced their training on Malawian soil. Currently, there is a shortage of physiotherapists in Malawi and, while there are a higher concentration of physiotherapists in the bigger centres, such as Blantyre, Lilongwe and Rumphu, the rural areas tend to have far less assistance.

In rural areas, physiotherapy is dependent on community based rehabilitation providers that operate out of organisations such as MACOHA (Malawi Council for the Handicapped) and MAP (Malawi Against Physical Disability). In this case, the provider is often a physiotherapy assistant. There is a MACOHA office in Chintcheche (approximately 40 mins from Mwaya by minibus). MACOHA is jointly funded by two main overseas-based NGOs, Christopher Blind Mission and Norway Against Disability, in conjunction with the government. Due to global financial pressures, MACOHA has gradually been receiving less funding. This has resulted in resources being stretched and jobs lost, and means that there will be less providers covering an increasingly growing population.

Potential Projects for Volunteer Physiotherapists

It is possible to spend time at Mzuzu Central Hospital which is one of the closer larger centres to Mwaya (approximately 2½ hours by minibus) which offers physiotherapy services. It has a large physiotherapy gym, staffed also by a rehabilitation technician, an occupational therapist, a physiotherapy assistant, and a few hospital attendants. It is recommended that any physiotherapist should try to spend a week at this hospital as it provides the opportunity to see a high concentration of interesting conditions in a short period of time. In addition, we understand that the staff would appreciate any up-to-date information/education on current practices or new techniques. The physiotherapy department also appear to be happy to share resources, and they were able to provide a box of plaster for the Mwaya Dispensary when it was needed. Another possibility is for volunteer physiotherapists to visit the hospitals in Blantyre and attend the amputee clinic to broaden their experience and see what further services were available for referral. The contact details for the physiotherapy department at Mzuzu Central Hospital are as follows:

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Despite the funding cuts at MACOHA, they still have an office in Chintcheche and volunteers can visit to attend their Club Foot Clinic which is held every Wednesday. This is an interesting experience for volunteer physiotherapists if they have not seen the Ponsetti technique in action, or it could be valuable for those applying the technique if they have any advice to improve their current practice. However, these clinics are quite slow, and there are usually only two or three patients each week. There is also a clinic in Nkhata Bay which may treat a greater number of patients. MACOHA also has the timetable of when there are visiting orthopaedic and physiotherapy teams at Chintcheche Rural Hospital. Once or twice a year, CURE International Hospital in Blantyre sends an orthopaedic team to different parts of the country to provide orthopaedic advice and surgical management for patients in more remote areas of the country. Organisations such as MAP and MACOHA have a direct role in referring patients for these visits. The number of patients referred often depends on the amount of funding they have available at the time. In November 2011, a RIPPLE Africa volunteer physiotherapist was at Mzuzu Central Hospital when the team from CURE International was present, and she was quickly put to work because the hospital's only physiotherapist was away. She saw a range of interesting conditions such as spina bifida, Perthes' disease, and syndactyly, and she was able to treat patients that required conservative management only, such as mobility advice, ROM exercises for contractures, or basic splinting for contracture management.

Physiotherapists with experience working with people with a disability, neurological disorders, paediatrics, burns and amputees would find their skills and knowledge of particular use in this area of Malawi. However, anyone with general musculoskeletal and orthopaedic knowledge will also find plenty of work in the community. In the community surrounding Mwaya, multiple conditions can be found, including cerebral palsy, Down's syndrome, muscular dystrophy, arthrogryposis, and varying deformities requiring orthopaedic correction. In the health centres, it is possible to organise a time for physiotherapy referrals from the attending Medical Assistants, and, at Mwaya Dispensary, it is possible to organise that any patients requiring physiotherapy be referred on a particular morning once a week. In the clinic and in the community, volunteer physiotherapists can expect to treat conditions such as patellofemoral pain, arthritis, back pain, and post fracture immobilisation stiffness. Future volunteers may consider organising a time for this at Kachere Health Centre and possibly Kande Health Centre as well. Another potential referral base is with an NGO just north of Kande, called Mphatso, which referred some members of staff and other locals for physiotherapy and medical advice once a relationship was established.

A final reminder is that, as with all RIPPLE projects, volunteers need to be pro-active and find the best ways to become involved. It is often necessary that volunteers find the patients or work that is required, and this may be frustrating to those who are used to a more structured environment. The flexibility, however, can be a great positive and allows volunteers to use the time at RIPPLE Africa as they see appropriate. At times volunteers may find that they help out as a general healthcare volunteer, working at Under 5 Clinics, teaching CPR to the pre-school or school staff, or generally helping out at Mwaya Dispensary. A previous volunteer physiotherapist assisted at one of the local pre-schools, attending once a week to contribute with some teaching, and she had some number puzzles made by one of the local carpenters, which she sanded and painted with some help from some of the other volunteers. Another activity that she was involved with was some English tutoring for some of the local adults, so the flexibility that this volunteer placement offers enables volunteers to also turn their hand to jobs that they may not have the opportunity to experience or that might not otherwise arise back in their home country.

Overall, a placement with RIPPLE Africa can be a very rewarding experience, and volunteers can be exposed to a range of conditions and experiences to which they would not otherwise have been exposed through their work in their home country. If you are interested to volunteer as a physiotherapist and would like to discuss anything with a previous volunteer, then please e-mail the UK Volunteer Programme Manager (volunteer@rippleafrica.org) for their contact details.