Providing a hand UP, not a hand out

INFORMATION FOR VOLUNTEER NURSES AND MIDWIVES

Contents

Introduction

RIPPLE Africa is not a medical charity — in fact, healthcare is the smallest project the charity runs — but it has supported the health centres at Kachere and Kande and the rural hospital at Chintheche since 2003, it has built and continues to support the dispensary at Mwaya, and it runs a sexual health programme locally.

Structure of Health Services in Malawi

In Malawi, three levels of healthcare exist: rural clinics (e.g. Mwaya Dispensary, Kachere Health Centre and Kande Health Centres), rural hospitals (e.g. Chintheche), and District hospitals (e.g. Nkhata Bay). The healthcare system is government funded and free at the point of delivery to all. Investigations are limited by resources, and diagnosis is largely based on clinical presentation. Some basic laboratory testing is available at the rural hospitals, and some further tests and imaging available at the District Hospitals. Malawi has very few doctors; the only doctor in Nkhata Bay District is the DHO (District Health Officer) himself, currently Dr Albert Mkandawire. Therefore, rural and District hospitals are staffed by Clinical Officers (COs) and rural clinics tend to be staffed by Medical Assistants (MAs).

Clinical Officers are trained for a minimum of four years and are experienced practitioners, and Medical Assistants are trained for a minimum of three years. The Clinical Officers and Medical Assistants are usually in charge of their workplace, and manage all care including in-patients and out-patients. They diagnose, treat, and prescribe. The Clinical Officer who has run Chintheche Rural Hospital for over 12 years (Greyson Kumwenda) is a very experienced clinician who is extremely dedicated to the community in which he works.

All clinics and hospitals will have a team of nurses. Nurses can qualify in Malawi via a diploma or degree course from either a government run or private institution, and the courses vary in length and quality. In Malawi, nurses are dual trained in midwifery and nursing, and nurses also diagnose, treat and prescribe. Due to their dual training, they find it strange that volunteer nurses come to Malawi with no midwifery knowledge/experience. Due to their having a wider role in rural Malawi they also find it strange that volunteer nurses aren't necessarily happy with diagnosing patients and initiating treatment. You will meet a number of dedicated individuals during your time volunteering. Nursing is not generally seen as a vocation as it tends to be in developed countries, however. It is very important to get used to all these concepts before arriving in Malawi.

Rural clinics usually have a team of community health workers called Health Surveillance Assistants (HSAs). They have a diverse role, including the management of the community health needs, assisting in clinic, collating all records, and performing VCT (Voluntary Counselling and Testing for HIV). They have up to 10 weeks of formal training and attend training days up at Nkhata Bay District Hospital every so often.

It is vital to be aware that, while the above is what is laid out, you may find in practice things don't always work as outlined. Recruitment and retention of good staff in all positions in the rural areas is recognised as a huge problem throughout Malawi (this applies to the non-healthcare sectors as well as healthcare). Nationally, there is a recruitment shortage in nursing with vacancy rates of up to 60% in the rural areas. This is multi-factorial. Rural clinics tend to survive on minimum staffing levels for all positions. In the area in which RIPPLE Africa works, Mwaya Dispensary is generally felt to be the best staffed facility, followed by Kande Health Centre, followed by Kachere Health Centre. Volunteers should come with an open mind about their role and be aware that, due to the vast differences in how healthcare is delivered, you may find yourself doing very different work to your usual practice. This can be both frustrating and very rewarding, depending on your expectations.

Basic Information for Volunteer Nurses

- To be most useful in a rural health setting such as Mwaya Dispensary, or Kachere and Kande Health Centres, you need to be a fully trained nurse with a minimum of two years' experience post qualification.
- More experience than that stated above is significantly more useful.
- The minimum time commitment needed is four weeks.
- Specific experience in midwifery, tropical medicine, paediatrics, tissue viability, public health, and respiratory medicine is extremely valuable.
- Obstetrics is a big part of Malawian healthcare; therefore, spending some time on a labour ward (if you are not a midwife) in your home country would be of great benefit.
- The DTM&H (Diploma in Tropical Medicine and Hygiene) is a brilliant starting point (although, in our setting, a significant portion of the knowledge becomes theoretical as the infrastructure to do "more" is just not there).
- Previous experience of working in a low income country would be of great benefit.
- Volunteering as a nurse with RIPPLE Africa is not for everyone. Many volunteer nurses in the past have reported feeling under pressure to diagnose and treat which they do not do in their home country.
- Volunteering with RIPPLE Africa is a brilliant way to learn about Malawian healthcare and culture.
- If you are open-minded and flexible, and are in Malawi for the whole experience rather than seeing yourself as a service provider, then you can gain a lot from volunteering with RIPPLE Africa.
- Public health and education in the community on a wide variety of topics is a huge area of potential work for any healthcare volunteer and one of the best ways to add value to the Malawian system.
- Nutrition, sexual and reproductive health, malaria, HIV/AIDS, TB, and the NTDs (neglected tropical diseases) are all areas important to have some background understanding of before arrival.
- Healthcare in Malawi must be taken in the context of much wider issues such as poor education (particularly amongst women), gender inequalities, malnutrition, severe poverty, subsistence farming, unsustainably large families, and an HIV epidemic. Tackling poor health involves being aware of all of the social and economic problems which contribute to it.
- We advise future healthcare volunteers to do some independent research about healthcare in Malawi before accepting a volunteer placement.
- You will be dependent on local government staff who are not RIPPLE Africa employees to understand how the system works, to learn about the cultural aspects of healthcare in rural Malawi, and to assist you in making use of your nursing expertise.

Some of the Challenges of Working as a Nurse in Malawi

- Understand that a rural level facility is extremely basic and prepare yourself for this prior to arrival.
- There are huge limitations on what can be done at these for severe illnesses. This is the case even in Chintheche and Nkhata Bay hospitals, as the facilities, tests, and drugs available are very basic.
- Even basic wound care is very challenging and frustrating due to lack of supplies.
- After experiencing lack of basic supplies, some nurses express wishing they had brought more with them from their home country. RIPPLE Africa specifically advises against this which may seem counter-intuitive.
- We do have very good reasons. The charity must take the longer view and think about sustainability/ongoing demand and raising expectation or creating false hope within a very poor community. Bringing supplies (for example, for wound care) really is a drop in the ocean compared to what is required on an ongoing basis.
- Many volunteer nurses find that standards of cleanliness and proper sharps procedures are not what they are familiar with in their home country.
- Previous nurses have reported finding it difficult to accept that nursing is not a vocation for all nurses in Malawi

(see above), and this has affected their relationship with the nurses.
- Previous volunteers have found it difficult to undertake patient care due to the language barrier. Learning some Chitonga (body parts, left and right, hours, days, months, etc.) will help a great deal as the majority of patients are women with little or no English.
- Once a volunteer has established a good working relationship with the local healthcare staff, it is often the case that an interpreter can be found due to mutual trust and respect. You must remember that this takes time to establish.
- Gender based inequalities are so important for many of the issues above; however, these inequalities are rarely talked about openly so it can be very challenging to understand these as a volunteer.
- Male volunteers can experience specific issues, due to cultural differences and the fact that the majority of patients seeking healthcare at rural clinic level are female.
- Transport money for patients is a huge issue. Previous volunteers have sometimes felt pressure to give money to individual patients if their condition necessitates assessment/treatment at a facility further away as they will otherwise not be able to get there. RIPPLE Africa does not recommend giving money to individual patients. The reason for this is that it sets a precedence and encourages people to ask for money, meaning that future volunteers will continue to be asked for money.
- You may be asked to fund various healthcare training days/ideas/work/projects. Please, please do not do this and **do not** promise anyone funding/money.

Healthcare in the Area

Community Healthcare

- The HSAs run weekly Under 5s Clinics which rotate round the various villages.
- The babies and children are weighed and immunised with all their information being recorded in their "health passport". Any children noted to be underweight are asked to attend the "Underweight Clinic" at Kachere Health Centre on the last Thursday of each month. They can then be assessed and referred on as required.
- At the end of Under 5s Clinics, all the sick babies/children are assessed and treated.
- The HSAs do a lot of regular outreach work, including seeing patients at home to reduce the pressure on the health centre.

Mwaya Dispensary

- Mwaya Dispensary opened in June 2011. It was built by RIPPLE Africa in response to requests from the local community. Prior to the Dispensary opening, people in the local communities had up to a 20km round trip to reach either Kachere Health Centre (to the south) or Kande Health Centre (to the north).
- While RIPPLE Africa built the clinic and subsequently the house for the medical assistant to live in, it is run fully by the government (it was built only on this premise).
- Supplies and equipment are all subject to the limitations indicated in the section called Medications, below.
- Permanent clinical staff based at Mwaya Dispensary are as follows:
  - Medical Assistant: The Medical Assistant is in charge of the Dispensary. He/she runs the outpatient clinic and he/she lives on site.
  - Hospital Attendant (Caroline): Caroline keeps the Dispensary running smoothly. She keeps attendance records updated, fetches water, cleans the building, and assists Theresa. She lives nearby.
  - Medicine Dispenser (Theresa): Theresa runs the dispensary and she also lives nearby.
  - Gardener & Caretaker (Victor): Victor maintains the grounds around the dispensary and helps out as required.
- Facilities comprise a general outpatient clinic, including malaria testing (rapid test), an Under 5s Clinic, and a dispensary for commonly prescribed medicines. The most common illnesses seen at Mwaya Dispensary are gastro-intestinal problems, malaria and HIV/AIDS related illness, problems associated with malnutrition, and respiratory infections as outlined in the section above.
- There is no running water or electricity at Mwaya Dispensary, but there is a small amount of solar power.
- There is no labour ward, ante-natal or post-natal care at Mwaya Dispensary. The nearest facilities for this are at Kachere Health Centre and Kande Health Centre.
- Opening times: Monday to Friday, 9.00am to 4.00pm (lunch 12.00pm to 2.00pm), although timings may vary and run over.

Kachere Health Centre

- Kachere Health Centre is situated in the village of Kachere, 7km south of Mwaya Beach on the main lakeshore road.
- Volunteers can either cycle there (about 40 minutes), walk/cycle to the main road at Matete and catch a matola or minibus (costs MK300 each way) or walk to the Health Centre (about 1½ hours).

- Kachere Health Centre has a catchment area for approximately 21,000 people (December 2010).
- Facilities at the health centre are extremely basic. They include an outpatient department for daily consultations, a holding room with two beds for sick patients requiring IV therapy, observing or awaiting transfer via ambulance to a bigger centre.
- There is also a dispensing area for basic medications (see the Medications section below), a maternity/ante-natal consulting room, and a VCT (Voluntary Counselling and Testing for HIV) clinic provided free of charge. Deliveries and malaria testing also take place here.
- There is electricity and running water at the health centre.
- There is no telephone line at Kachere Health Centre. Communication is reliant upon someone having credit for their mobile phone.
- Permanent clinical staff based at Kachere Health Centre are as follows:
  - Medical Assistant (Eva): As the Medical Assistant, Eva is in overall charge of the health centre. She runs the outpatient clinic and assists in maternity whenever required. She lives on site.
  - One Nurse/Midwife (Dollah): Dollah runs the maternity, family planning and post-natal care at Kachere Health Centre. She is also responsible for all other patients whenever the Medical Assistant is unavailable.
  - Eight Health Surveillance Assistants (HSAs): Bruno is the senior HSA and is supported by the other HSAs.
  - Medicine dispensers (Bruno and Ida): Bruno (senior HSA) and Ida one of the HSAs dispense the drugs from pharmacy
  - Caretaker (Kalod): Kalod cleans the building, and assists patients when there are no clinical staff available, includeing giving prescribed drugs. He has also been trained to perform minor operations and dressings. He lives on site.
- Opening Times: Monday to Friday, 9.00am to 4.00pm (lunch 1.00pm to 2.00pm), although timings may vary and run over.

Kande Health Centre

- Kande Health Centre has similar facilities to Kachere Health Centre, and it is situated in the village of Kande, 7km north of Mwaya Beach on the main lakeshore road.
- Volunteers can either cycle there (about 40 minutes), walk/cycle to the main road at Matete and catch a matola or minibus (costs MK300 each way) or walk to the health centre (about 1½ hours).
- There is an anti-retroviral clinic building.
- Permanent clinical staff based at Kande Health Centre are as follows:
  - Medical Assistant (Martha).
  - One Nurse/Midwife (Andrew).

Chintheche Rural Hospital

- The next biggest referral centre from Kachere and Kande Health Centres is Chintheche Rural Hospital, about 25km north of Matete roadblock.
- Volunteers can walk/cycle to the roadblock in Matete and catch a matola or minibus to Chintheche which will cost about MK600 each way and takes around 45 minutes.
- The Senior Clinical Officer is Mr Greyson Kumwenda (0999 246499). He is supposed to have three other Clinical Officers as well as a team of nurses and midwives.
- Currently (September 2013) he has only one, not three other Clinical Officers.
- The hospital has a laboratory capable of checking for malarial parasites and TB. It can also perform glucometer testing, Hb, crossmatch and serology, and sometimes blood counts, depending on supplies.
- There is a blood bank fridge which rarely contains more than a couple of units of donated blood, and previous healthcare volunteers have encouraged their fellow volunteers to donate blood.
- There are three adult wards, a paediatric ward, a post-natal ward, delivery suite, and operating theatre.
- Greyson previously performed caesarean sections and numerous surgical procedures (tubal ligation, I&D of abscesses, etc.) himself at Chintheche Rural Hospital.
- However, the equipment and supplies were removed in 2013 after a number of changes in service provision at District level. This causes issues when patients do not have the means to travel to Nkhata Bay Hospital for treatment.
- Every few months, various clinicians/specialists visit.
- The antiretroviral clinic runs here every Wednesday.
- Although the wards are very basic and often overcrowded, the staff take great pride in their work and do the best they can with their limited training and resources.

Nkhata Bay District Hospital

- The next centre for referral from Chintheche Rural Hospital is Nkhata Bay District Hospital, 80km north of Kachere.

- Volunteers can walk/cycle to the roadblock at Matete and catch a matola or minibus to Nkhata Bay which will cost about MK1,500 each way and takes around 90 minutes.
- This much larger facility is run by the District Health Officer (DHO), currently Dr Albert Mkandawire, the only permanent doctor in the District (of 270,000 people) and a team of Clinical Officers.
- There are more extensive (although still basic) laboratory facilities, x-ray and an ultrasound that works intermittently. Laboratory tests available are FBC, Us&Es/LFTs.
- Teams of specialists, such as dentists and ophthalmologists, run clinics at Nkhata Bay and will also run satellite clinics at Kachere and Kande, and other health centres every few months.
- All elective and emergency surgery takes place at either Nkhata Bay Hospital or, if further specialist care is required, the patient will be referred on to Mzuzu Central Hospital or even to Blantyre.

MACOHA (Malawi Council for the Handicapped)

We have links with this organisation, which is based in Chintheche, and our physiotherapy volunteers are welcome to visit their office and help out with their clients. To arrange this, ask Dan and he will organise a visit.

Patients and Illnesses for OPD

- OPD at Mwaya Dispensary is open Monday to Friday. Consultations begin around 9:00am and usually conclude by midday. They usually restart around 2:00pm and continue until the health centre closes at 4:00pm, although afternoon consultations can finish earlier than this.
- Mondays and Fridays are typically busy with up to 50 patients in the morning; it can be much quieter on Tuesdays, Wednesdays and Thursdays.
- The Medical Assistant lives on site, and he is available after hours and at weekends for emergencies.
- OPDs at Kachere and Kande Health Centres are open Monday to Friday. Consultations begin around 9:00am and usually conclude by midday to 1:00pm. They usually restart around 2:00pm and continue until the health centre closes at 4:00pm, depending on patient demand. The majority of patients are seen in the morning clinic.
- Between 50 and 100 patients are usually seen in a morning clinic.
- Patients can be seen at Kachere and Kande Health Centres after hours and at weekends, but only for maternity, urgent cases and emergencies.
- On an average basis, about 1,000 patients are seen per month, depending on the season (rainy versus dry).
- About 50% of patients are under 5 years of age, and in this group it is equally male and female.
- For adult presentations, females make up almost 70%.
- The vast majority of patient consultations are for malaria, respiratory infections, and gastroenteritis. Other common presentations are included in the list below:
  - Anaemia
  - Conjunctivitis and other eye disease
  - Diarrhoea (+/- vomiting)
  - Pneumonia
  - URTI
  - Trauma
  - Alcohol related illness/injuries
  - Tropical ulcers
  - Wound infections, cellulitis, abscesses, etc.
  - HIV/AIDS associated illnesses
  - Malaria
  - TB
  - STIs
  - Musculoskeletal conditions
  - Gastric ulcer disease
  - Non-infectious skin conditions
  - UTI
  - Schistosomiasis (bilharzia)
- Nearly all diagnoses at Mwaya Dispensary, and Kachere and Kande Health Centres are made on a clinical basis alone — history and examination. The only test available is the RDT (rapid diagnostic test) for malaria (since mid 2012); however (as with thick and thin blood smears), three negative tests are required to say definitively that the patient does not have malaria.
- As the standard treatment regime is three days of CoArtem (LA; see Medications section below) this means that the RDT is often only done once and the patient is treated or, more importantly not treated, on that basis. Frequently the RDT is repeated only if the patient fails to improve or worsens.
- There are no other pathological or radiological investigations available at Mwaya Dispensary, or Kachere and Kande Health Centres.

- HIV testing (known as VCT — Voluntary Counselling and Testing) is available at Mwaya Dispensary, and Kachere and Kande Health Centres.
- CD4 count testing to determine the progression of the HIV is only available in Nkhata Bay, so local clinicians rely on clinical staging using the World Health Organisation (WHO) Guidelines.
- There is an HIV clinic on a Tuesday at Kachere Health Centre where antiretroviral (ARV) drugs are dispensed to positive patients with have WHO Stage 3 or 4 disease. Co-trimoxazole is given to all positive people, regardless of staging for pneumocystis pneumonia (PCP) prophylaxis.
- For HIV positive expectant mothers not on ARVs, nevirapine is given in labour to reduce the chances of vertical transmission (mother to child). Exposed infants also get co-trimoxaxole until they are old enough to be tested.
- There is a microscope at Kachere Health Centre which is mainly used for paediatrics or atypical cases. It is not clear how much microscopy is being used since the malaria rapid tests have been available.

Medications

- All medications are distributed through the government and medical stores, and are free to all patients.
- There is a nationwide shortage of medications in Malawi, and rural level facilities like Mwaya Dispensary, and Kachere and Kande Health Centres often run out of essential medications, as can the rural hospitals such as Chintheche.
- Priority in distribution is given to bigger hospitals.
- The usual procedure for medication supply to rural facilities involves filling in a drug order form at the end of the month. This is the responsibility of the Medical Assistant or the Nurse/Midwife. This form is then sent to the Pharmacy Officer at Nkhata Bay District Hospital. He then checks the list and sends the final request to the medical stores in Mzuzu.
- Delivery from Mzuzu should occur at the beginning of each month, although this does not always happen.
- The list of medications that clinics are allowed to store and dispense is set by the government. For example, they are not allowed any opiates, etc.
- The following drugs are available at Kachere and Kande Health Centres, but are often in insufficient quantities for demand. A more limited supply of medications is available at Mwaya Dispensary. There is also no fridge at Mwaya Dispensary for medications requiring temperature control. They are frequently out of stock in a few days rather than lasting the full month:
  - Aspirin
  - Paracetamol
  - Ferrous sulphate
  - Albendazole
  - Chlorpheniramine
  - Promethazine
  - SP (Fansidar)
  - LA (CoArthem)
  - Oral Rehydration Sachets
  - Chloramphenicol Eye Ointment
  - Calamine Lotion
  - GV Paint
  - Co-Trimoxazole
  - Metronidazole
  - Doxycycline
  - Quinine
  - Promethazine
  - Hydroclorthiazide
  - IV Quinine
  - IV Benzylpenicillin
  - IV Gentamycin
  - IV Benzathene Penicillin
  - IV Chloramphenicol
  - Multivitamins
  - Vitamin B Co-Strong
  - Phenobarbitone tablets
  - IV Aminophylline
  - IV Diazepam
  - IV Paraldehyde
  - IV Adrenaline
  - IV Promethazine
- The following drugs are sometimes available at the Health Centres:

  - Tetracycline eye ointment
  - Lignocaine for local anaesthetic
  - Praziquantel (for Schistosomiasis)
  - Salbutamol tablets
  - Aminophylline tablets
  - Propranolol
  - Amoxycillin
  - Erythromycin
  - Magnesium Tricyclate
  - Prednisolone
  - Ibuprofen
  - Indomethacin
- There is no oxygen at the rural clinics like Mwaya Dispensary, or Kachere and Kande Health Centres. Although Chintheche Rural Hospital does have an oxygen concentrator, it has broken in the past (as is common with equipment in Malawi) and previous volunteers have not been clear whether it is definitely working since. It is used in severely unwell patients.
- There are no inhalers or nebulisers at Mwaya Dispensary, Kachere and Kande Health Centres, or Chintheche Rural Hospital. Asthma is treated with oral salbutamol, although IV aminophylline is sometimes available in Chintheche Rural Hospital for severe exacerbations.

Malaria

- Among the above conditions, malaria is by far the most commonly diagnosed condition.
- Depending on season (the rainy season is much worse), 50% - 70% of patients are diagnosed with malaria, and half are usually less than five years old.
- Every pregnant woman is supposed to be given a mosquito net at ante-natal clinic free of charge each time they are pregnant.
- The government should pay PSI a subsidised rate for bed nets, which should be delivered to the Health Centres every month for distribution through maternity clinics. These are often not delivered and may need chasing up.
- Patients are treated for malaria on extremely low clinical suspicion.
- The RDT (rapid diagnostic test) for malaria has been available at Mwaya Dispensary, and Kachere and Kande Health Centres since 2012. It is not clear how this is being used in clinical practice, and it seems to vary significantly between different healthcare workers.
- National guidelines in Malawi require that, where there is no facility to check for malaria parasites, any child below the age of five years old with a fever be treated for malaria. This does result in massive over-prescribing of these important drugs, and there is already resistance developing.
- Any adult with a fever (especially if they have “general body pains”, headache, and abdominal pains) is also usually prescribed antimalarials even if they have another reason for their fever.
- The current first-line treatment for uncomplicated malaria is CoArthem (LA). This is given BD for three days to all patients and there are four dose increments depending on weight. LA is contraindicated in the first trimester of pregnancy and interacts with erythromycin.
- Alternatively, sulfadoxine-pyrimethamine (SP, aka Fansidar) can be given as a one-off dose depending on weight and age. The usual adult dose is three tablets stat. It is safe in pregnancy and used antenatally for malarial prophylaxis. SP has been used in Malawi with the same regime since 1991, and it is now recognised that about 30% of falciparum malaria (the most common strain in Malawi) is resistant to SP.
- Oral quinine (10mg/kg in children or 600mg in adults) is another alternative that remains effective. It is given TDS for five to seven days, and Malawi guidelines do not require concurrent or subsequent treatment with a second antimalarial to be given.
- Severe malaria or disease unresponsive to oral treatment is using IV or IM quinine.
- IM is preferred in children under five years of age and a minimum of three doses should be given at 0, 4 and 12 hours.
- IV quinine is given as a loading dose of 900mg in an infusion and maintenance doses of 600mg thereafter.
- Patients are usually transferred to Chintheche Rural Hospital if they attend unconscious or fitting, or if they have not improved quickly after initial doses. A complete five to seven day course should be completed with oral quinine.
- Often recurrent and established cases of malaria will require a blood transfusion. This can be done at Chintheche Rural Hospital, although a lack of blood in the blood bank means that recipients have to find their own donor.

Some Ideas for Activities and Advice from Previous Nurse Volunteers

- Introduce yourself to the nurses at the Dispensary, the Health Centres, and Chintheche Rural Hospital and spend some time getting to know them.

- Find out what clinics are running (when and where), Monday to Friday, and spend some time with the nurses and HSAs working out where your skill set might be able to add value.
- Remember that your lack of Chitonga and patients' lack of English will be an issue!
- Work with Dollah at Kachere Health Centre and Andrew at Kande Health Centre in the ante-natal clinic to get an idea about maternal health services and delivery in a country like Malawi.
- Many volunteers have reported developing a brilliant working relationship with the nurses/midwives at the Health Centres, and they have worked regularly with them during their placements.
- Midwives can spend the majority of their time with Dollah and/or Andrew. You are likely to see things you would never see at home if you spend a reasonable amount of time with her.
- Attend Under 5s Clinics regularly. While you are likely to find that your skills as a nurse are not used in the way that you might anticipate, with time and effort you can establish good relationships with the local healthcare workers and in time work in partnership with them.
- Previous volunteers have suggested to the HSAs that the sick babies and children could be seen as the clinic is ongoing by the volunteers, in conjunction with an HSA. (Some previous volunteer nurses have been happy to assess the under 5s.)
- It has been observed by previous healthcare volunteers that the underweight children always tend to be those who are brought to Under 5s in the last hour or so. These children tend not to be brought regularly every month and miss quite a few clinics.
- Spotting patterns such as this and working with the mothers alongside the HSAs to establish a reliable system to catch these under 5s with a good safety net is a potential area for future work suggested by previous volunteers. It is done well in some areas on an *ad hoc* basis.
- Go and introduce yourself to Greyson Kumwenda at Chintheche Rural Hospital when you first arrive and let him know your background and experience. Then ask permission to join his regular ward rounds. There is so much to learn from Greyson and his team and, in time, you can share your own knowledge.
- Community education sessions on very basic topics such as the importance of handwashing, basic first aid for burns, basic teaching on what epilepsy is (i.e. it is a disease just like malaria and not caused by evil spirits, etc.), basic first aid for snake bites, epistaxis, contraception and what options are available locally (depo-provera and OCP), etc., are the biggest areas where you could have an impact is in the area of public health.
- You do have to have learn about the Malawian culture first, and it takes considerable time and effort to organise community education sessions. You can get advice about your ideas, the cultural context, and the need to discuss with the community/village head/chief, etc., prior to approaching community groups, and we suggest you ask Dan about this.
- Some of the community education suggestions above can be targeted to specific groups; for example, those working with children such as the pre-school teachers or in the primary schools, etc.
- Previous healthcare volunteers have gone round the different pre-schools teaching about the importance of handwashing and very basic first aid. However, do not think that one training session is enough — we have learnt over the years that the best way is to go back time and again to repeat the message is the most effective way of raising awareness and transferring skills.
- There is no teaching within the Malawi curriculum about the female reproductive system. Previous volunteers have looked at this as an area where they can contribute. They have worked with Maurice and Esther and were granted permission from the School Committee and the Chiefs to do some very basic teaching. This is a future area of work.
- A number of previous healthcare volunteers have reported that many young people (secondary school age) have approached them (after they've been at Mwaya for a while) with some very basic questions about sex, pregnancy, and STIs.
- It would be very worthwhile spending some time at Kapanda (the local secondary school) and getting to know the students with the aim of doing some outreach/discussion groups on these topics (probably females and males separately). You must discuss with the headteacher, Collence, first.
- It is worth healthcare volunteers knowing that BLM (Banja La Mtsogolo) are an NGO (part of Marie Stopes International) who work in partner with the Malawi government countrywide: http://www.banja.org.mw/.
- They deliver almost half of all the sexual and reproductive health services in the country, and their mission is to complement what is available via the government infrastructure (i.e. they offer the implant, tubal ligation, and IUD, but not the depo-provera or the OCP as it is available locally).
- There are some fantastic, very practical data saved on the volunteer laptop (compiled by previous volunteers) on sexual and reproductive health matters; for example, current uptake of locally available forms of contraception and how to access those forms not locally available, i.e. BLM.

Additional Information

- There are two bicycle ambulances (donated by RIPPLE Africa) which are literally a stretcher pulled by a bicycle for taking patients from the community to the health centre. However, in practice these are not used regularly.

- Ambulances to transport patients to a higher level care facility are hard to come by at Mwaya, Kachere, Kande, etc.
- If a patient needs onward referral, then they either make their own way there on public transport or, if they are too sick, an ambulance is called from Chintheche Rural Hospital.
- There is currently one ambulance based at Chintheche Rural Hospital, but it is very often unavailable at short notice.

Suggested Reading

- Lecture Notes on Tropical Medicine (Gill and Beeching).
- Oxford Handbook of Tropical Medicine (Andrew Brent and Robert Davidson).
- WHO website: **www.who.int**.
- Malaria No More website: **www.malarianomore.org**.
- Roll Back Malaria website: **www.rollbackmalaria.org**.
- Band-Aid for a Broken Leg (Damien Brown).

Registration for Nurses and Midwives

RIPPLE Africa believes that nurses and midwives who come to volunteer with the charity's healthcare projects should be registered with the Nurses and Midwives Council of Malawi (NMCM). You will be required to attend an interview at the NMCM offices in Lilongwe upon your arrival in the country and undergo a four-week orientation programme at one of the main regional hospitals in either Blantyre, Lilongwe or Mzuzu before you come to Mwaya. However, this means that, if your placement is for three months, you will spend a third of your time in Mzuzu and not as a volunteer with RIPPLE Africa. Also, the application process can be long and arduous as Malawi government institutions can be slow in their responses and inefficient in their processes.

The cost to register with the NMCM is $250 and full information about the documentation required to register is available at **www.nmcm.org.mw** where all the necessary forms can be found and downloaded.

For those medical volunteers who are planning to volunteer with RIPPLE Africa and cannot afford the time registration might take, the charity has an informal agreement with the DHO (District Health Officer) at Nkhata Bay District Hospital who has made it a condition that all of the charity's medical volunteers should spend up to a week with him at the start of their placement to introduce themselves and make him aware of what they are able to do whilst volunteering. Any work they undertake subsequently in the District Hospital, the rural hospital and/or the local health centres will be with his knowledge and approval and under either his direct supervision or that of the most senior clinical officers at each hospital and/or health centre. If you would like to be put in touch with previous volunteer nurses and/or midwives to get their personal insights into their time working in rural Malawi, then please contact the UK Volunteer Programme Manager (**volunteer@rippleafrica.org**).