PROVIDING A HAND UP, NOT A HAND OUT

Information for Volunteer Doctors

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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 disabilities and rehabilitation project and sexual health programme locally. In November 2019, we began supporting Tukumbo Health Centre too.

Structure of Health Services in Malawi

In Malawi, four levels of healthcare exist: rural clinics (e.g. Mwaya Dispensary, Kachere Health Centre and Kande Health Centres), rural hospitals (e.g. Chintheche), District hospitals (e.g. Nkhata Bay) and Central tertiary hospital (e.g. Mzuzu). 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; there are only two doctors in Nkhata Bay District including the DHO (District Health Officer), who are often required for non-clinical work. Therefore, rural and District hospitals are staffed by Clinical Officers (COs) and rural clinics by Medical Assistants (MAs).

Clinical Officers are trained for three years plus a year of internship and are experienced practitioners. 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 14 years (Greyson Kumwenda) is a very experienced clinician, 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 and Tukumbo 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 Doctors

- To be most useful in a rural health setting such as Mwaya Dispensary, or Kachere, Tukumbo and Kande Health Centres, you need to be a fully trained clinician with a minimum of two years' experience post qualification.
- In the UK, this means at least one years' experience after full registration with the GMC (i.e. post completion of the Foundation Programme, F1 and F2).
- More experience than that stated above is significantly more useful. Ideally need to be confident working independently, able to support junior staff and have experience of working with children.
- The minimum time commitment needed is 10 weeks (six weeks of orientation followed by a minimum of four weeks with Ripple Africa).
- It makes good sense to inform your medical indemnity organisation about your volunteer placement. If a letter from Ripple Africa is required, this is no problem. Previous volunteers report that MPS provide cheaper cover for humanitarian work.
- Areas of experience that are particularly useful include tropical medicine, obstetrics and gynaecology, paediatrics, infectious diseases and HIV, and General Practice.
- 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.
- Obstetrics is a big part of Malawian healthcare, and you may well end up assisting the experienced midwives with antenatal clinics, postnatal care and deliveries, therefore spending some time on a labour ward in your home country would be of great benefit.
- Volunteering as a doctor with Ripple Africa is not for everyone and a very "clinical" (in UK terms) volunteering experience is not what volunteers find in our rural resource-poor setting.
- Please be aware that, although volunteering with Ripple Africa is a brilliant way to learn about Malawian healthcare and culture, you may well find that the experience is very different to what you imagine.
- 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 naturally 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 expertise.
- Male volunteers can experience specific issues due to cultural differences and the fact that the majority of the patients seeking healthcare at rural clinic level are female.
- Malawi now have good guidelines which are good to get familiar with:
  - Standard treament guidelines (these cover an extensive range of topics)
  - HIV guidelines
  - STI guidelines

Some of the Challenges of Working in Medicine 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.
- 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. There is a Medical Chitonga document that you might find helpful, and lessons at Mwaya are available.
- 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.
- Greyson Kumwenda is the chief Clinical Officer at Chintheche Rural Hospital. Many previous volunteers report him to have been incredibly supportive of them going to the hospital for the ward rounds.
- Greyson does an extremely challenging job in challenging conditions — he has run the hospital in Chintheche for over 13 years and is an experienced practitioner.
- Ripple Africa does not recommend bringing supplies with you. It is a drop in the ocean compared to what is required on an ongoing basis. It also creates expectation with the local healthcare staff and more widely within the communities that patients will get better care if they just appear at Mwaya Beach rather than attending Mwaya Dispensary. We believe in providing a hand up, not a hand out. There is a list of medical equipment you may want to bring for personal use i.e. PPE, BP cuff and stethoscope.
- 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/projects. Please do not do this and do not promise anyone funding/money. If you are interested in helping with something like this, ask Dan.

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. 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.
- Permanent clinical staff based at Mwaya Dispensary include a Medical Assistant, Hospital Attendant, Medicine Dispenser and Gardener/Caretaker.
- 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 30/40 minutes), walk/cycle to the main road at Matete and catch a local taxi (costs MWK1,000 each way) or walk to the Health Centre (about 1½ hours).
- Kachere Health Centre has a catchment area for approximately 26,000 people.
- 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/Hep B/Syphilis) 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 include a Medical Assistant, nurse/midwives, Health Surveillance Assistants, Medicine Dispensers and Gardener/Caretaker.
- 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 local taxi (costs MWK1,000 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 include a Medical Assistant, Nurse/Midwives and Medicine Dispensers.
- Nkhata Bay run outreach services a couple of times a year to Kande. Previously, they have had a medical physician, ultrasound, ENT and opthamology attend.

Tukumbo Health Centre

- Tukumbo Health Centre is situated on the outskirts of the village of Tukumbo, 15km south of Mwaya Beach on the main lakeshore road.
- Volunteers can walk/cycle to the main road at Matete and catch a local taxi (costs MWK2,000 each way).
- Facilities at the health centre are extremely basic. They include an outpatient department for daily consultations, a room for dressings, and a maternity room for ante-natal and post-natal consultations. Deliveries are not offered here so women have to travel to Kachere Health Centre or Liuzi Health Centre.
- There is also a dispensing area for basic medications (see the Medications section below), and a VCT (Voluntary Counselling and Testing for HIV/Hep B/Syphilis) clinic. Malaria testing also take place here.
- There is no telephone line at Tukumbo Health Centre. Communication is reliant upon someone having credit for their mobile phone.
- Permanent clinical staff based at Tukumbo Health Centre include a Medical Assistant, nurse/midwife, Health Surveillance Assistants, Medicine Dispensers and Gardener/Caretaker.
- An outreach team from Nkhata Bay, funded by an NGO, provides a clinic to sex workers in Tukombo once a month. This is to provide contraceptives, STI screening, cervical screening, HIV screening and gender based violence support.

Chintheche Rural Hospital

- The next biggest referral centre from Kachere, Tukumbo 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 local taxi to Chintheche which will cost about MWK3,000 each way and takes around 45 minutes.
- The Senior Clinical Officer is Mr Greyson Kumwenda. He is supposed to have three other Clinical Officers as well as a team of nurses and midwives.
- The hospital has malaria antigen, HIV, Hep B and syphilis screening available in OPD.
- The hospital has a laboratory capable of checking for malarial parasites and TB. It can also perform glucometer testing, Hb, CD4 count, Urine LAM, serum CRAG, and sometimes blood counts, depending on supplies. Availability of the laboratory is highly dependent on a technician being available. They requently do not have access to investigations. They are not able to process CSF samples. There is no access to liver function tests, renal function or electrolytes.
- 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. However, this is not always available so if patients need a transfusion, they have to be transferred to Nkhata Bay Hospital.
- There are three adult wards, a paediatric ward, a post-natal ward, delivery suite, and a nursery (basic special care baby unit). There is no access to Xray or Ultrasound.
- Ward rounds are generally on Monday, Wednesday and Friday, which should include the medical wards, paediatrics and the nursery.
- Admissions occur at two beds next to the nursing station. Overnight, if there is a Medical Assistant available, they will admit patients. Otherwise, the nurses will do the admitting and prescribing.
- 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 rovision 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. The non-communicable disease clinic runs every Tuesday.
- 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 local taxi to Nkhata Bay which will cost about MWK6,000 each way and takes around 90 minutes.
- This much larger facility is run by the District Health Officer (DHO), one of only three doctors in the District (of 300,000 people) and a team of Clinical Officers.
- There are more extensive (although still basic) laboratory facilities, x-ray (currently only CXR for those able to stand although they do hope in the near future to be able to do limb and abdominal films) and an ultrasound.
- Laboratory tests available are FBC, malaria parasites, CD4 count, viral load, serum CRAG, GeneXpert, urine LAM and cross match. U&Es and LFTs are sometimes available.
- They have a small blood bank. If blood is not available, they will sometimes get some sent from Mzuzu Central Hospital.
- Oxygen supply can be intermittent.
- 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 200 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 average, 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)
– PV bleeding and miscarriages
– Dysmenorrhoea

- Nearly all diagnoses at Mwaya Dispensary, and Kachere, Tukumbo 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.
- Important to note a RDT can stay positive for two weeks post treatment (in some cases up to a month). Therefore, if the patient had a recent positive test with no improvement, a repeat RDT will not aid management.
- There are no other pathological or radiological investigations available at Mwaya Dispensary, or Kachere, Tukumbo and Kande Health Centres.
- HIV, Hep B and Syphilis testing (known as VCT — Voluntary Counselling and Testing) is available at Mwaya Dispensary, and Kachere, Tukumbo and Kande Health Centres.
- Hep B testing is newly introduced. Generally if testing for one, it would be recommended to test all three unless a recent negative test.
- All of these Health Centres have ARV drugs to dispense. Depending on the Health Centre, they might have a particular day that they run a clinic. Co-trimoxazole is given to all positive people regardless of staging for pneumocystis pneumonia (PCP) prophylaxis.

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, Tukumbo 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.
- 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, Tukumbo 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.

- Medications generally in stock in health clinics:

– Amoxicilin
– Aspirin
– Paracetamol
– Albendazole
– Promethazine
– SP (Fansidar)
– LA (CoArthem)
– GV Paint
– Zinc
– Magnesium
– Nifedipine
– Ciprofloxacin
– Co-Trimoxazole
– Metronidazole
– Doxycycline
– Hydroclorthiazide
– Metformin
– Glibenclamide
– Praziquantel
– Salbutamol tablets
– Aminophyline tablets
– Propranolol
– Depo
– Implant
– IV Artesunate
– IV Benzylpenicillin
– IV Gentamycin
– IV Benzathene Penicillin
– IV Ceftriaxone
– IV Phenobarbitone
– Ringers lactate or saline
– 50% Dextrose
– ARTs
– Lignocaine as local anaesthetic

- The following drugs are sometimes available at the Health Centres:

– Ferrous suplhate
– Albendazole
– Chlorpheniramine
– Promethazine
– Oral Rehydration Sachets
– Calamine Lotion
– Omeprazole
– Flucloxacillin
– Quinine
– IV Adrenaline

- Available in Nkhata Bay District Hospital

– Nebulisers
– Dexamethasone
– IV Promethazine
– Amlodipine
– Ramipril
– Insulin

- There is no oxygen at the rural clinics like Mwaya Dispensary, or Kachere, Tukumbo 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). It is in use when they have electricity for severely unwell patients.
- There are no inhalers or nebulisers at Mwaya Dispensary, Kachere, Tukumbo 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. Nebulisers are available in Nkhata Bay District Hospital. Inhalers are in short supply although sometimes available in Mzuzu.

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 all of the Health Centres since 2012. It is being used to test those that have symptoms of malaria.
- 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.
- 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.
- SP is used in the prevention of malaria in pregnancy.
- Severe malaria or disease unresponsive to oral treatment is using IV Artesunate. It is weight based (<20 kg 3.0 mg/ kg, >20kg 2.4 mg/kg) given 0, 12, 24 hours.
- Patients are usually transferred to Chintheche Rural Hospital if they attend unconscious or having seizures.
- Severe anaemia in malaria is common. Patients will be required to be transferred to Nkhata Bay District Hospital for a blood transfusion.

Some Ideas for Activities and Advice from Previous Doctor Volunteers

- Spend a bit of time in each of the clinics for the first week or so. Then find a clinic or an area of education to focus your time on. Working regularly at one Health Centre allows you to develop a relationship with the staff, therefore making the progress with projects or education more successful.
- 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 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.
- Most volunteers report the Under 5s Clinics being an enjoyable activity but many have experienced being left to do the work while the HSAs look on or leave. Your skills as a doctor are not used.

Additional Information

- Ambulances to transport patients to a higher level care facility are hard to come by at Mwaya, Kachere, Tukumbo, Kande, etc. They can be called for Ostetric emergencies.
- 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 at Chintheche Rural Hospital, but it is 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.
- Band-Aid for a Broken Leg (Damien Brown).

Registration for Doctors

Ripple Africa believes that doctors who come to volunteer with the charity's healthcare projects should be registered with the Malawian Medical Council (MMC). In order to get registered with the MMCM, Doctors are now required to complete an orientation at Nkhata Bay District Hospital. Previous volunteers have found this orientation to be a valuable experience allowing them to see all levels of healthcare across the region. Please contact the UK Volunteer Programme Manager for more information. Full information about the documentation required to register is available at www.medicalcouncilmw.org/mcm/ where all the necessary forms can be found and downloaded.

If you would like to be put in touch with previous volunteer doctors to get their personal insights into their time working in rural Malawi, then please contact the UK Volunteer Programme Manager (volunteer@rippleafrica.org).