Report on LAST visit to Southern Malawi

25th September – 6th October 2013

Mr. Paul Thomas

Aims:

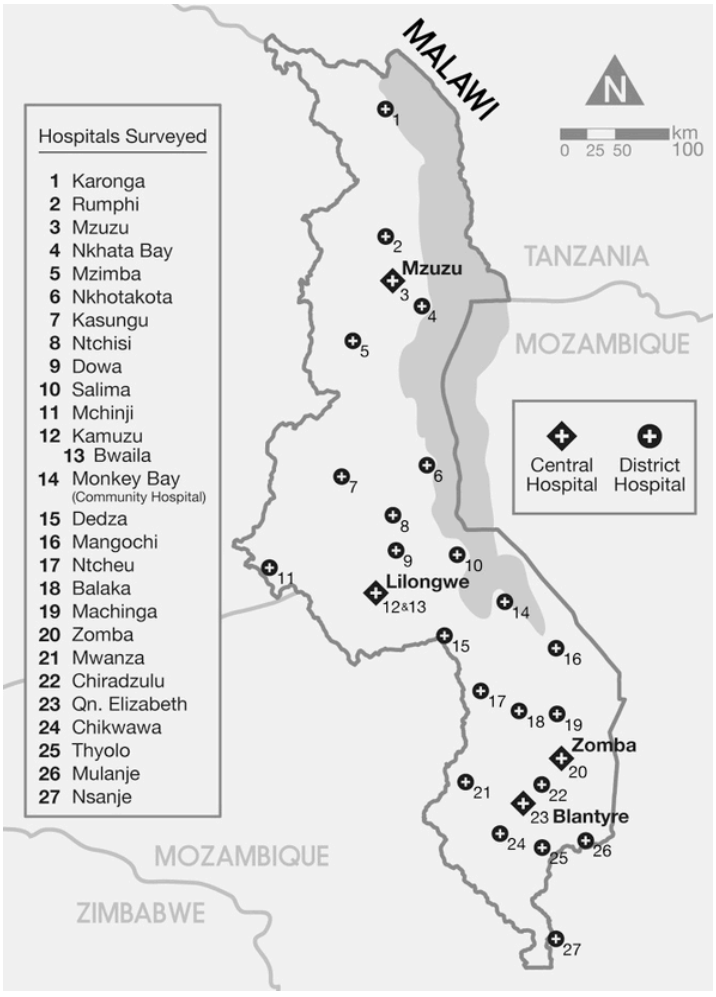
1. To deliver a refresher course on hernia surgery at Thyolo Hospital, visited in 2011 and 2012.
2. Carry out 'needs assessment' of District Hospitals for the proposed LAST surgical teaching visits for 2014 in co-operation with COST-Africa.
3. Visit Bangula in the southern tip of Malawi, in my capacity as Clinical Director of The AMECA Trust, to advise on clinical needs in the area for a Primary Health Care clinic.
4. Deliver surgical material and a diathermy machine to Nsanje District Hospital as promised on last years visit.

Introduction

Links in Africa for Surgical Training (LAST) was founded in 2013 to facilitate UK Surgeons who travel to Malawi to teach Surgical Clinical Officers in District Hospitals. Previous work by Professor Chris Lavy has demonstrated the benefit of orthopaedic training of Clinical Officers in Malawi (link). During my teaching trip in 2011 (report), I had attended a meeting of the coordinating committee of the COST-Africa programme - this study was designed to compare surgical activity and outcomes of hospitals where the surgical clinical officers had received enhanced training (link) with activity in a comparative group of district hospitals. As a result of discussions with the College of Medicine LAST surgeons were invited to help with this training in the selected District Hospitals in Southern Malawi.

On this trip I was also wished to revisit Thyolo Hospital where I have established an educational link supported by a THET small partnerships grant in 2011.

Site – Southern Malawi Central and District Hospitals:



Itinerary

Monday 23rd September

Arrived 13.30 Blantyre.
I went directly to the Department of Surgery at Queen's to meet with Professor Eric Borgstein. We discussed the objectives of my visit and agreed the itinerary of the trip. Eric updated me on the progress of the COST-Africa programme explaining that the Clinical Officers selected for the BSc programme were now working in those District Hospitals that had been randomised in the study namely: Nsanje, Mulanje, Mwanza, Mangochi in the southern region and Dedza, Dowa, Mchinji, Nkhotakota in the central region. I agreed to visit these hospitals to assess the facilities, meet the DMO and Clinical Officers and identify appropriate accommodation for our visiting surgeons.

Tuesday 24th September

Thyolo – I met the new DMO Dr Jones and Andrew Likaka, my old friends Steady Vinkombo, the Senior CO and Francis Kapanda the now experienced Clinical Officer who I had taught last year. It was also nice to meet 2 trainees from the UK Nigel Day and Sarah Naraghi. They were already at Thyolo working on our THET funded project looking at surgical activity (Report).
I handed over equipment including 50 sterilized mosquito net meshes for hernia repairs and other materials.
I attended the hand-over meetings and surgical rounds and then gave a lecture to the department on hernia surgery before going to theatre to do an operating list with Francis, demonstrating and supervising mesh repair of some large hernias using the regional anaesthetic technique. This was a refresher course for Francis and I was pleased to see that he had maintained his skills.

Wednesday 25th September

I returned to Queens to attend an operating session with Professor Borgstein who is a Paediatric and General Surgeon. The first patient was a one-week old baby born with Pentalogy of Cantrell – cardiac defects, exophalus and a large sternal and diaphragmatic defect with the heart lying subcutaneously. I was amazed that the procedure was performed under Ketamine anaesthetic. The second operation was a complex case of mid-aortic syndrome in a 15 year old girl with severe hypertension which had been complicated by cerebral haemorrhages. In an adjacent theatre consultant colleagues were performing AP resections, cystectomies and bowel obstructions - clearly no shortage of work here for higher surgical trainees.

I met the Clinical Officers at Queens who were relatively senior and working at the equivalent of middle grades in the UK.

Thursday 26th September

Visit to Nsanje District Hospital. (approx. 200 Km south of Blantyre at Southern tip or Malawi; time 3 hours). Good roads apart from 30 km of un-tarred road, which will soon be completed. Need to take care driving down the escarpment as steep road with large overloaded 'artics' with questionable brakes. Superb views over Shire River and plains below.

Nsanje suffers a level of deprivation and poverty not really seen elsewhere in Malawi. It epitomizes the concept of a forgotten people; few Malawians wish to visit this area of scorched bare earth, searingly high temperatures and a total lack of infrastructure. Apart from the Portuguese workers of Mota-Engil, who are completing the Blantyre-Nsanje highway, foreigners are almost non-existent. However, Nsanje does have pockets of charming discovery and one gets the feeling that perhaps it is on the cusp of change and development. Security for foreigners is an issue and local accommodation in the town is non-existent and not a realistic option. Hotels are very poor; not at all suitable with questionable security.

Best option and where I stayed is the IRIS orphanage $10 per night. 45km distance; Located on an excellent road from Nsanje back to Blantyre, IRIS is very friendly with good security and simple but comfortable single sex rooms and dormitories with communal kitchen for self catering. Separate male and female bathrooms and showers.

IRIS is run by a Canadian couple, David and Joanna Morrison; the campus hosts volunteers who undergo training in missionary work on site. IRIS also has an excellent primary school on site. AMECA will facilitate accommodation for visiting surgeons but they require plenty of notice in order to avoid a clash with large volunteer groups. This is potentially an excellent opportunity to help the orphanage via donations and clothing and to ensure safety of LAST visitors.

Nsanje District:
Catchment area 250,000 plus Mozambique migrants 50,000
Only 2 ambulances for the entire district
Primary Health Centres: 12
The district also has two CHAM (Christian Health Association of Malawi) hospitals.
District Health Officer (DHO): Medson Machaya
District Medical Officer (DMO): Yamikani Mastala
Clinical officers (CO) 7 including 1 Orthopaedic CO
300 in-patient beds
2 theatres 2 operating lists per week Tuesday and Thursday
Hernias, circumcision, hydrocele. Occasional laparotomies for obstruction. CS 6 per day. Out Patient attendances, 500 per day. Separate central funding for HIV and TB patients.
Nsanje has the usual male, female, paediatric and maternity wards, together with a small dental clinic – very basic, extractions only. Ultrasound & X-Ray and OPD.
Theatre stocks are very limited with only intermittent supply of sutures and anaesthetic agents and as with most of the district hospitals, they are critically short of re-usable theatre gowns.

Delivered and set up diathermy and handed over other equipment donated by Epsom and St Helier NHS Trust. It worked well on a chicken breast!
Met the Clinical Officers and health care assistant Noah Ntiza.
Detailed Site visit including time spent in theatre sorting diathermy and explaining safe use of equipment.

Site visit to AMECA Bangula project:

At Bangula I visited a potential site for the proposed AMECA's primary healthcare clinic; I discussed with Ruthie Markus, CEO of AMECA and Malcolm Savage Chartered Civil Engineer of AMECA's the rationale and logistics of undertaking the project in this area.

I made a brief visit to the Kaombe Community Farm, adjacent to the proposed AMECA clinic site, approximately 9km north of Bangula. Stewart Michael, Agricane's on-site manager, showed me their crocodile farm and impressive agricultural areas; an example of what can be achieved in this desolate area.

Friday 27th September

In the morning I visited Kalemba Hospital, Bangula. This is a private Catholic Mission Hospital run by the Sisters of our Lady located on the outskirts of this small town. The hospital comprised a large campus with a nice modular design. In spite of the potentially good facilities, the hospital was virtually empty and is very under-used, due to the fact that the local population cannot afford the charges for drugs and treatment albeit minimal amounts.

CO x 1. Health assistants had provided care for past month as the CO was on annual leave.
2 wards – empty; Paediatric wards empty except for post delivery
No caesarian sections or other surgery – patients are sent to Nsanje, but there are no ambulances and therefore adverse outcome if the patient cannot afford to travel.
6 deliveries / day
OPD 350 /day
Government central funding for HIV /TB. 200 patients / week.
It is also supported by a Dutch based surgical organization Malawi.kom.

Although a private CHAM hospital much of the activity at Kalemba such as HIV, TB and child care under 5 is provided free due to government subsidy. I expressed concern to Ruth Markus that construction of a new Primary Health Clinic at Bangula would be duplicating facilities, given its proximity to Kalemba and to another government primary healthcare clinic at Sorgen. I was also concerned that Bangula lies very close to the Mozambique border and it would be difficult to restrict access to foreign nationals, which might jeopardise its funding over the long term.

Site visit to Illovo at Nchalo:

On the way back to Blantyre I visited Nchalo which is located on the Blantyre to Bangula highway and lies 60 km from Bangula and 100 km from Blantyre. Located on the Shire River, Nchalo is comprised of a huge campus of accommodation, healthcare clinics, sugar-cane processing factory and cane pivots. The recreational club, Sucoma, is located on site and it is possible through AMECA, that visiting clinicians could be hosted over the weekend and enjoy sports facilities, golf course, pool and a very nice bar and restaurant area next to the river.
Dr Albert Mkumbwa is Illovo's on site clinician; (trained with Chris Lavy at UCH, London). It is possible that Hernia training could also take place at Montford Hospital nearby which is a Catholic Mission hospital greatly supported by Illovo. Tour of Illovo clinic facilities OPD, Clinic area and minor ops theatre. Well-stocked pharmacy and autoclave room. Maternal deliveries possible.

This clinic serves as Illovo's main clinic but there are in addition 6 more satellite clinics on their lands. Good facilities but small. Patients referred to Montford or transferred to Blantyre.

Stop off at Fisherman's Rest. (http://www.fishermansrest.net)

Meeting with Wiktor Chichlowski; manager and owner. Discussion of Mpendu feeding projects and their educational activities supporting both primary and secondary schools. Links with St Paul's Church, Cheam in UK (Goodman's).
Delightful setting 20 km outside of Blantyre on the Chikwawa road at top of the escarpment. Beautiful accommodation and tea-shop, pool etc. Excellent example of community projects and eco-tourism.

Saturday 28th September:

Travel to Liwonde., a distance of some 200 km from Blantyre. Witnessed horrendous multiple vehicle accident involving a huge articulated lorry which had jack-knifed into an overcrowded mini-bus, therefore reinforcing our need to take care and avoid mini-bus transport out of town. Meeting with Southern Region DMO's at Liwonde to discuss LAST Project and COST- Africa. I had the opportunity to meet many of the DMO's and DHO's and excellent links forged. LAST project is being very well received.

Sunday 29th September-Monday 30th September:

Lake Malawi; Norman Carr Cottages
Visit to Mangochi District Hospital and environs. Quite a large district hospital located in centre of Mangochi, a vibrant interesting town close to the Shire River. Higher percentage of Muslim residents who are fishermen and farmers. The local community is relatively used to tourists; town has several simple lodges and good access to banks + internet. Good infrastructure.

Meeting with DHO, William Pemo and DMO, Ethwako Mlia and site visit of entire hospital.

Catchment area for Mangochi District; 980,000 people
Serves 47 primary health centres in the district.
500 OPD per day of which at least 50% comprises maternal and child health issues
9 clinical officers
10 ambulances
2 theatres
Operating Tuesday and Thursdays. Hernias and basic obstetric surgery. Not othopaedics.
No longer have a visiting surgeon.
10 CS performed on average per day.
365 in-patient beds.
Good X-Ray and ultrasound.
Lab facilities include liver function + malaria testing
Small college of medicine on site and specializes in receiving public health medical students.

Visit to Open Arms Orphanage, Mangochi:
Located approximately 10 km from Mangochi town on the road to Lake Malawi. Extremely good example of a well planned and well run orphanage with a pleasant small campus and accommodation for visitors on site. Meeting with site manager Rashid and Chiku, the matron. Productive discussion as to feasibility of hosting visiting surgeons and agreed that this arrangement could help support the orphanage and provide safe and secure accommodation for LAST. Ruth to follow up with Neville Beavis, the Director of Open Arms in Blantyre.

There are suitable hotels in Mangochi but any secure and appropriate lodge is expensive. Lake Malawi offers stunning scenery and excellent opportunities for all water sports but wouldn't advise swimming at there are a lot of crocodiles!

Tuesday 1st October

Visit to Mwanza District Hospital:
The hospital is located 120 km west of Blantyre on the Mozambique border. It is 46 km from the Zalewa bridge over the Shire River.
DMO: Dr Godwin Ulaya DHO: Mr Rafael Piringu
Catchment area 100,000. In addition the hospital receives patients from Mozambique and Chikwawa, increasing the catchment to 250,000. This raises serious funding issues for Mwanza as the Department of Health only funds the Malawian Capitation.
Well run hospital. Good labs. Looked busy with an excess of 500 OPD patients /day
2 ambulances
250 beds with very full wards.
X-Ray + ultrasound 2 operating theatres
5-10 CS performed per day
11 C.O's + 1 OCO
CS/Hernia/Hysterectomy. No prostate surgery performed here.
Elective surgery on Tuesdays and Thursdays, when resources are available. Tend to be short of IV fluids and other disposables.
The Dutch Government have recently undertaken a needs assessment at this hospital and staff hope that this may result in some support from the Netherlands.

Although there is a hospital in Mozambique over the border, patients tend to come to Mwanza instead. These patients tend to be more complicated due to a mix of prior tribal medicine + late presentation.

Student hostel on site but DHO commented that this is not really suitable for 'muzungus'.

Visited potential places to stay – Mwanza hotel. Tidy and nice rooms and food came recommended. Good water hole, (Fat Friends bar). Any local visitors choose this hotel for food. Cost is MK 7,500 for a single room. Showers – hot and cold but not together!

Wednesday 2nd October:

Operating with clinical officers at Queens. Hernia and hydrocele surgery with Jonathan Waluza, one of the senior clinical officers, who is likely to involved with teaching of BSc CO students. Gave a lecture on hernia surgery – open mesh and darn hernias, hydrocele etc.

Thursday 3rd October:

Teaching at Queens. Met the 17 new BSc Clinical Officers. Gave a lecture given on "Professionalism" using GMC document on Good Medical Practice. We started with a mind mapping exercise and I was very impressed that the Clinical Officers came up with all the important criteria in delivering safe and professional care. In the afternoon I delivered a lecture to the higher surgical trainees on thyroid and parathyroid surgery.

In the evening I was invited to a meeting the Krishna Savjani, the British Consul in Malawi. I explained who LAST is, why we set it up and its working relationships to the COST- Africa programme. It was well received.

Friday 4th October

I chaired a clinical audit meeting of the Clinical Officers. They had prepared presentations on 5 subjects:

Group 1 Surgical Wound Infections

Martin Malunga (Presenting)
Aubrey Filimon
Gregory Khwimani
Ken Murreno

Group 2 Pressure sores in paraplegia

Calistus Chiumia
Martin Kapito (Presenting)
Chancy Tembo
Chimwemwe Monseza

Group 3 Prevalence of Pin-site infections

Maxwell Yambeni (Presenting)
Michell Kamwendo
Francisco Nkhoma

Group 4 Length of stay on Paediatric Surgical Wards

Sam Matandala (Presenting)
Laston Nthukutu
Ken Namuku

Group 5 Burns Fluid Management.

Joseph January (Presenting)
Hilda Danti
Gideon Nyasulu

The audits were of high quality and relevant to clinical practice albeit some of them were not true audits. Presentations scored and reported back. I then taught them on principles of audit and its importance in changing future clinical practice. The session gave me the opportunity to discuss potential of future working relationships with LAST and proposed visits for next year.

I subsequently had a brief meeting with Professor Nyengu Mkandawire and in the afternoon gave a further tutorial to the Higher Surgical Trainees on vascular disease and vascular trauma. In the evening I had a final meeting with Eric Borgstein, which gave closure to a very instructive visit.

Mulanje Hospital

Visit to Mulanje District Hospital; (57 Km approx.; time < 1 hour or 45 mins) Excellent road; Robert Mugabe Highway from roundabout after Illovo flats. First part of road to Bangwe a few bumps and potholes, but excellent after that to Mulanje. Stunning views of Mount Mulanje coming in and really nice drive, with beautiful scenery and very little traffic on the road after Bangwe. One straight road for around 45 km and then turn left at T-junction towards Mozambique; the hospital is 5 minutes away at the foot of Mount Mulanje.

Mulanje town is a really interesting place with random pubs and lodges and a few hotels. It is easily commutable from Illovo and is a shorter drive than to Thyolo. Good contacts in the area include Eastern Produce Tea Estates and also The Mulanje Mountain Club. There is an excellent pizza place just before Mulanje town itself. The local population is clearly used to visitors because of the mountain and this is reflected in good internet access at the hotels.

It is a huge contrast to Nsanje in terms of its scenery, infrastructure and ambience and obviously a far more prosperous locality. Two hotels are recommended if we wish surgeons to stay in town. Hapuwani Village Lodge; quite smart and up market with Skyband access. Rooms are MK 25,000 for a twin bedded, i.e. MK 12,500 per person with breakfast or MK 20,000 for a single room. Website at www.hapuwani.com

There is also another hotel, Kara O' Mula Lodge with stunning views up the hill.
Website: http://www.karaomula.com
Need to compare petrol costs of commuting from Illovo vs. hotel costs.

Mulanje Hospital Details:
Catchment area 550,000; they also see some patients from Mozambique
6 ambulances + 4 utility vehicles
Health centres: 21
DHO: Dr Khuliena Kabwere khuliena@gmail.com

DMO: Dr Sylvester Chabunya schabunya@gmail.com

DNO: Judith Chirwa judychirwa@yahoo.com

Clinical officers 11 including 1 OCO
Medical Assistants: 7
Nurses: 53
450 in-patient beds (73 in male ward and 68 in female ward)
2 theatres, 1 major and 1 minor. Wednesday female elective and Tues & Thurs male. Hernia repair, circumcision, bowel obstruction, ectopic pregnancies. No neurology. CS 2-3 per day + 25 deliveries average per day.
OPD 150 per day. NB This seems too low to me!!
Mulanje has the usual male, female, paediatric and maternity wards, together with a dental clinic and an eye clinic
Ultrasound & X-Ray and OPD.

Theatre stocks are subject to the usual limitations; they only had 3 boxes of gloves left. They are also critically short of re-usable theatre gowns. Also have issues with reagents and regular drugs supplies. Earlier this year the autoclave was not working for 3 months and was eventually repaired by Balaka people. They are OK for anaesthetists but have supply problems e.g. atropine. Tend to use spinal bock and Ketamine. Also they don't have an anaesthetic machine to monitor BP and Sats.

The hospital was well organized and was clean and had a good feel to it. Built in 1993 it was in a much better state of repair than Nsanje. Good visible level of staffing and nurses seemed far more switched on. Very friendly. DHO not there as he was in Lilongwe but MO really helpful. Awesome location at foot of Mount Mulanje.