

Skills sharing in Malawi

In March 2000, Andy Creeden was recruited by Voluntary Service Overseas (VSO) to work as a radiographer on a two-year placement in Malawi. Here he shares his experiences to-date.

Malawi is a small country in Southern Africa, bordering Tanzania to the north, Mozambique to the east and south, and Zambia to the west. With a population of approximately 11 million, it is the world's sixth poorest country. The average yearly income stands at around \$180, although since the country is also the second worst off in terms of equity of wealth distribution, the majority of the population have an income closer to around \$40 per year.

Health indicators in Malawi are very low. Life expectancy is currently around 38 years and infant mortality is 149 per 1000 live births. Despite this, the total health expenditure per person is only \$15. HIV/AIDS is having a crippling effect on the country with at least 10% of the population infected and estimates of up to 70% of hospital beds occupied by sufferers of the disease.

Improving standards

I am based at Mzuzu Central Hospital, a brand new 400 bed referral hospital, built and paid for by the government of the Republic of China. It was opened by the President of Malawi, Dr Bakili Muluzi, in December 2000 and receives patients from all over the northern region. Previously the healthcare needs of this region were met by a network of health centres, district hospitals and small mission hospitals. Patients requiring involved tests or procedures had to travel to the capital Lilongwe, a two-day bus journey from the region's northernmost towns. The majority of people could never dream of being able to afford a car, and many were unlikely to be able to afford the bus fare.

My role at Mzuzu is to help set up and run the radiology department, and to improve the standard and capacity of radiography services to the northern region of the country.

The x-ray department at the hospital has a general x-ray room, an ultrasound scanner and a basic fluoroscopy room. The general x-ray



My colleague, Mr Nkosi, scanning a patient in the ultrasound room.



room has a floor-mounted tube which makes a lot of examinations, particularly trauma, very difficult. However, with a little bit of thought, patience and improvisation, a lot is possible. A dark room fed processor is used to process film, with wet developing tanks as a backup. There is also an image intensifier in the operating theatre and an OPG machine in the dental department. The provision of a mobile x-ray machine would also have proved useful – we are currently seeking funding from the Chinese government in order to buy one.

The Chinese government have provided a radiologist to work in the department for a period of up to five years, and there are also two Malawian radiography technicians, three darkroom assistants and three patient attendants. The radiographic technicians are very well trained. There is a lot I can learn from them as well as being able to pass on some of my own skills and experience.

Unfortunately, Malawi has a chronic shortage of trained health professionals. I am one of only 16 radiographers registered with the Malawi Medical Council. The HIV/AIDS epidemic is partly responsible for this – in many areas of the civil service, the government is finding that staff are being lost to HIV/AIDS faster than they can be trained. Trained staff are also being lured to work abroad by the prospect of higher wages and a better standard of living.

A busy schedule

Although I arrived a couple of months before the hospital opened, there were still a lot of preparations to be made – ordering stock, checking and testing equipment, training staff and agreeing policies and procedures. Even before the hospital was officially opened, the department was already receiving a number of outpatients from the local health centre. This proved useful as it enabled us to phase in services and iron out teething problems without having to go through a 'big bang' style opening.

Thankfully I was not thrown into my role at the deep end. Prior to leaving the UK I spent about three weeks attending a number of residential training courses organised by VSO. The courses covered a number of topics including training skills, adapting my existing skills to a developing world healthcare environment, general overseas development, looking after my own health whilst overseas and HIV/AIDS awareness.

On arrival in Malawi, I then spent a further two-and-a-half weeks with 21 other newly-arrived volunteers as part of an in-country training programme. This involved learning about the

political and economic situation in Malawi, as well as an intensive course in 'Chitumbuka', the predominant language in the north of the country. The training culminated in an overnight stay in a traditional rural village complete with mud huts, pit latrines and nsima (the local staple diet) cooked over an open fire – an experience I will never forget!

Since arriving at the hospital I am finding the language quite difficult to learn and am making slow progress. It is not helped by the fact that most people here speak two different local languages and happily switch between them, often in mid-sentence. Luckily, most of the people I work with also speak good English, though there have been several cultural misunderstandings. A number of times my colleague would say "I am coming" and then confuse me by leaving the room. It took me several weeks to work out that he actually meant he was coming back.

My accommodation is provided by the hospital. I have a 'western style' two bedroom flat on the opposite side of town to the hospital, supplied with both electricity and running water (although in Malawi neither are very reliable). The flat is very comfortable – much better than I was expecting and the envy of the other VSO volunteers in the town.

The hospital also provide a living allowance, which is topped up by VSO to MK 9000 per month (about £80). This amount is enough to live a healthy but basic lifestyle, although there is very little left over for Western luxuries such as processed foods or phone calls home. I am very grateful to the SoR for kindly agreeing to contribute £1000 per year from the Overseas Placement Fund to assist VSO in paying for my flight, training, administration and healthcare.

And finally...

As I have described, there are many problems facing Malawi and it would be very easy to get demoralised in the face of such overwhelming odds. However, the opening of the new hospital should bring major improvements to the standard of healthcare provision to Malawians living in the north of the country, and there is a great deal of enthusiasm and optimism for the future. I hope that I will soon be able to report on the difference work being done here has made to people's lives.

Contact Andy at cafedotcom@sdp.org.mw inserting 'message for Andy Creeden' in the subject line.

What is VSO?

VSO is an international development charity with nearly 2000 volunteers working in Africa, Asia, the Pacific region and, more recently, Eastern Europe. They send volunteers from a wide range of professions to share their skills with local people in communities where skills are most needed.

For more information on working as a volunteer overseas, contact VSO, 317 Putney Bridge Road, London, SW15 2PN. Tel: 020 8780 7200. Fax: 020 8780 7300.

For details of the Society of Radiographers' Overseas Placement Fund contact Gill Smith at SoR Head Office on Tel: 020 7740 7203 or email: gills@sor.org.