MINISTRY of HOPE
COMMUNITY-BASED ORPHAN CARE MALAWI, AFRICA
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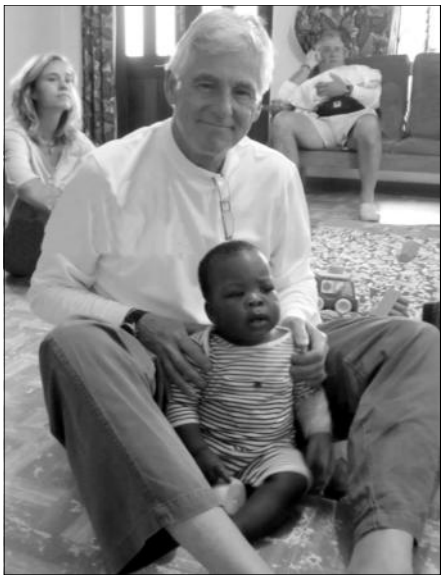
Hope and Healing: A Mobile Medical Clinic Journal By Dr. Ken Root

This spring the sixth volunteer medical team traveled to Malawi for Ministry of Hope's annual Mobile Medical Clinic program, seeing nearly 1500 patients in 4 days. The program has come a long way from the first village clinic day in April 2008, when three health personnel—MoH Medical Director Mwawi Nyirongo, my son Brandon, and me—gathered some medical supplies and drugs, placed them in plastic bins, threw them in the back of a vehicle, and headed off to Chimwangombe not really knowing what to expect. We knew it was time to quit thinking and planning, and just do it. That first clinic was a success beyond our expectations. Although we were limited in our resources, over 300 villagers came in hopeful anticipation of medical help.

Since then, the program has grown tremendously. It now operates ten months out of the year with one clinic per week that rotates between four village sites, and treats hundreds of patients each clinic day. Staff teams include nurses, clinical officers, a laboratory technician, MoH employees, and visiting US health volunteers. Last year it is estimated there were over 12,000 patient visits.

One of many Mobile Medical Clinics held this past April



Dr Root at the Crisis Nursery

Ministry of Hope's clinic program has the ability to provide exactly what the World Health Organization requests: point of service care in the village communities where it is needed the most and can be most effective. We have translators and demographic/administrative personnel to track important health care information. We can perform some laboratory services on-site to assist in enhancing diagnostic accuracy and providing appropriate treatment. We operate a mobile pharmacy and check-out station where all medication and care instructions are given. Experienced Malawian nurses and clinical officers from Lilongwe hospitals travel to the villages and work with us. The clinics are efficient, well organized, and effective in remote rural community settings.

Currently, a day clinic costs approximately $700. This is an excellent value, but drug costs are increasing and are in short supply in Malawi. In addition, the need is great and there is much more we would like to do in the future if funding is available. One priority would be to conduct preventive care workshops, as much of our time is spent treating diseases and symptoms which can be prevented. Chronic malnutrition and stunted growth in children is also a concern. In Katondo and Chimwangombe I was saddened by the number of children and teens who were stunted in growth. We also would like to add HIV testing in our clinics. All this will require additional funding.

In the following pages you will read about the impact of Ministry of Hope's medical work in Malawi. Whether through malaria screenings, life saving medicine, or simply an encouraging smile, we saw God use our efforts to touch many lives and further establish the Mobile Medical Clinic as a vital tool to bring hope and healing to Malawi.

Lilongwe Crisis Nursery

The Lilongwe Crisis nursery has 16 infants, a lower count than normal because US funding has decreased. As a result, it has had to refuse some rescued infants.

Of the babies at the nursery, all are healthy and only one is HIV positive. Many of the medical supplies and drugs our team brought will replenish the small pharmacy cabinet used to provide care when they become ill.

Tokozani

Tokozani is one of the children I got to know at the Crisis Nursery in Lilongwe. He was abandoned by his mentally ill mother, and came to the nursery severely malnourished, HIV positive and TB positive.

Babies at the Crisis Nursery in Lilongwe

Despite being one year old, he was developmentally a 3 month old. Now he is back to good health, still HIV positive but TB negative, and always on the go. Needless to say, the staff will do everything they can to be certain he finds a good home situation.

Chikodani is another child I met, and he is my new best friend. He has a neurological condition called hydrocephalus, which is treatable with neurosurgical shunting. He has already had a CT scan of the head at Dae Yang Hospital, on one of only two such machines in the whole country of 14 million. It takes months to schedule surgery, and as there are no neurosurgeons in the country it is usually done by a non-physician, a clinical officer who does general surgery.

Update: After our return to the US, we were pleased to learn that Chikodani's condition can be treated by other means and that surgery will not be necessary.

Mzuzu Crisis Nursery

Ministry of Hope has operated a crisis nursery in Mzuzu for many years. I have visited the nursery on most of my trips because as a MoH board member I have felt it important to do so.

The nursery has 15 infants, 16 the day we arrived but the administrator and nurse departed to a remote village to return a healthy toddler to his family. As always, each infant comes with a background story. Most are either orphaned at birth because they were abandoned or their mothers died in childbirth.

One always seems to capture my heart the most. This time it was 3 month old Chifundo. We held her in our arms almost from the moment we arrived till our departure, and she slept like an angel. I am told she was premature and was kept in a local hospital for one month before being released. Her mother decided the baby was just too much work for her, and was ready to "dispose" of the infant before local police and social services intervened. They brought the baby to the MoH crisis nursery. Chifundo could not be at a better place to be given a chance to start her life, grow, and mature.

Most of the nannies here are widowed, and the crisis nursery is their life. It is more than just a job for them, as they have nothing and would otherwise be on the streets. Women are often discriminated against by Malawian society. If a husband passes away, his family has the right to take all the couple's possessions including the home from the wife, leaving her destitute. The crisis nursery purposely hires widows as nannies to give them income, dignity, and purpose in life. Our team offered the women free physicals and medication.

Fran Hallam with Chifundo

Chimwangombe

We returned to Chimwangombe, the site of the very first MoH mobile medical clinic in 2007. We saw approximately 300 patients, many of whom had upper respiratory infections, asthma, and epilepsy.

It was difficult for us to get excited, as at breakfast we became aware of the Boston bombing. Our spirits were low and the team lacked the enthusiasm we usually have. We left feeling melancholy and distracted.

Upon arriving at Chimwangombe two hours later, however, we were warmly met by the villagers with smiles and handshakes. They had not had a clinic since November and were desperate for medical help. The children smothered us with joyful hugs. They had no idea how much that meant to us at that moment in time. It did not take long for our sprits to be lifted and prepared for work.

I was struck by the stunted growth I observed in many of the children. 15 year olds look physically like they are 7 or 8 although they are not starving. Their staple foods lack balanced nutrition. This is a very poor village with great nutritional needs; almost every treatment plan included a multivitamin supplement.

Villagers lined up for the Mobile Medical Clinic

Khwamba

Khwamba is a favorite of many US supporters. It is remotely isolated in the Dowa district and a longer day's drive north from Lilongwe than most villages. It has an excellent Ministry of Hope center director and a unique solar lighting capacity installed inside the center and maintained by a very ingenious group of volunteers from Liberty Corner Presbyterian Church in New Jersey.

We saw at least 450 patients with a variety of ailments. There were long lines of people waiting to be seen extending into the road nearby. Fortunately, we had a total of five examiners with us to help: 2 physicians and 3 clinical officers who could see patients to expedite the process.

(Photo courtesy of Emily White)

Preparing for a Village Clinic Visit

Preparing for a mobile medical clinic takes longer than the actual clinic time in the villages, requiring at least a full day's work or more. All the bins of medical supplies and drugs must be identified and categorized. This is followed by the tedious task of counting individual pills according to dosage and placing them in small plastic containers for easy individual dispensing when prescribed on clinic day. These small bags are then placed in bins labeled by categories of medical illness: GI, dermatology, ENT, etc. The process can easily take 2 days because we have so many medications.

You can appreciate the necessity and importance of being organized and prepared for 400-500 patients in one day. Each clinic day is controlled chaos, but without preparation it would be impossible to fulfill our commitment to all who come.

In all the villages where we have clinics, many patients come for medication refills and follow-up checkups, which illustrates what we are trying to accomplish. Not all patients have acute illnesses; many have chronic disorders such as diabetes, asthma, or rheumatism, which are manageable if there is adequate compliance and follow-up.

Ministry of Hope

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Mission Statement

Ministry of Hope seeks to glorify God by reaching out to the orphans, widows, and the destitute with the Gospel of Jesus Christ, providing hope as we minister to their basic needs.

Board of Directors

There are two Boards that direct the activities of Ministry of Hope. A Malawian Board directs operations in Malawi, and a U.S. Board promotes and supports the ministry within the United States.

In the U.S., the Ministry of Hope, Inc. is a 501 (c) (3) non profit organization located in Black Mountain, NC.

The Ministry of Hope, Inc. U.S. Board

Selengo

Today we visited Selengo, a typical rural Malawian village, which is comprised of Selengo itself and about 20 other smaller villages in the area.

Testing for Malaria

Selengo has a well run MoH community based orphan care center with a committed center director, Jimmie, who has been there with his family for many years. Of special interest is his organic agricultural project, a model program for our other centers to emulate.

There has always been a high incidence of malaria in this area and today was no exception. Fortunately we have funds to purchase drugs. Antimalarial drugs have gone up in price with a one dose pack costing $3-4, an ironic reality as this is the most important life saving drug in the country. It gets expensive to see and treat hundreds of malaria cases, but is still a bargain with an estimated clinic expense of $2 per patient visit.

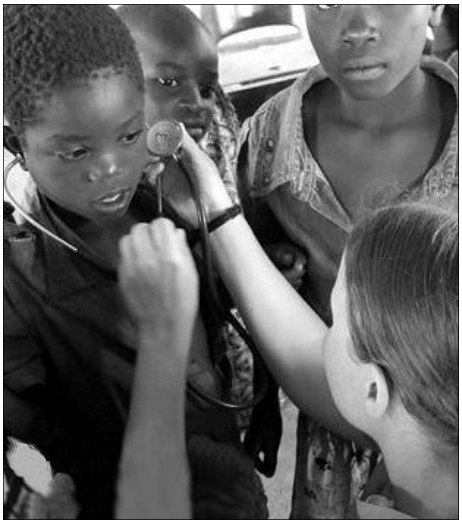
During the day clinic, we saw over 450 patients. This included two children with cerebral malaria, one of whom had 2 seizures in the span of a few minutes. We were fortunate to have the appropriate medication available.

If we had not held the village clinic today, I am certain both children would have died at home, unable to receive medical care soon enough. I'd say we made a difference.

Katondo

Katondo has been a Ministry of Hope community based orphan center for many years but has never had a medical clinic day because it is considered close enough to a government health center to fall under its coverage. While this is true, the care at these government hospitals is suboptimal, and there is often insufficient medication available to meet the needs of patients.

As a result, we decided to establish routine medical care for this center. The clinic was highly successful, with 214 patients with a variety of conditions in all age groups. This beautiful community warmly received us and will be added to our program.



Examining children