



CENTRAL AFRICA MEDICAL MISSION
LUTHERAN MOBILE MEDICAL CLINIC - MALAWI
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Among the many people we have met since coming to Malawi are Dr. John Podgore and his wife Ione. John is a retired U.S. army physician who now teaches at the University of North Texas. Every year, typically between January and April, the Podgores stay in Malawi and bring over groups of medical students to gain practical experience at a local teaching hospital where John also instructs. John and Ione also sponsor one or two Malawian college students. One of those students is a young man by the name is Sydney Kambalikena, who is earning a degree in Public Health. One evening John and Ione asked us if we could offer Sydney an internship over the 3-month summer break.

The advantage of mobile clinics such as ours is that they take health care directly to the villages where help is needed. The disadvantage is that because visits are weekly, we do not receive consistent feedback regarding the effectiveness of our services. An intern would provide the opportunity to reach out to our stakeholders and ask a series questions regarding attitudes towards our clinics. Additionally, if a Malawian is asking the questions it is more likely that we would get honest responses than if an American were to be conducting the study.

After designing a questionnaire, Sydney organized meetings and eventually met with 255 people including patients, village headmen and government health workers.

Some of the background statistics were interesting – 75% of patients were under 45 years old – not surprising as we focus on mothers and children. 60% of our patients were women. 88% of the interviewees had family incomes of less than 45,000 kwacha (\$62) a month, and the average patient walks a little over 3 kilometers (about 2 miles) to clinic- that distance could be greater as Sydney did not have time to visit some of the more remote villages we serve.

Of the people interviewed 75% said they were always satisfied with our health services. From the report – “Community members are happy and appreciate the health service provided by Lutheran Mobile Clinic (LMC). From the group discussion, respondents reported that the service that LMC provides meet their health needs. Drugs are always available at LMC. Patients are triaged. The health workers are always available and attending to the sick people. The referral system helps very ill patients in the community get to a hospital and the cost of services does not take into account severity of sickness.”

“The health workers are committed to our children and women. They attend to us all and others from neighboring villages until the last patient has treatment” participant 126

Government health workers are also appreciative of LMC’s work. The service that LMC provides to the community helps reduce the workload at local health centers and the patient population in those health centers. One health center staffer reported that the LMC referral system helps a lot by transporting the very ill patients to the health center.

There are some issues. Many of the same people who are happy and appreciate our services also feel that we should stay longer and visit more often.

“The mobile clinic is saving our women and children from disease and death but we only have access to it once a week. We are forced to use traditional herbs and such the remaining 6 days of the week. We want them to be coming twice a week” Suzi chiefs focus group discussion

Lack of privacy during consultations was another concern that was raised. We heard the same comment during our discussions with Village elders when planning the remodeling of our Msambo and Mwalaulomwe clinics. We subsequently included private consultation rooms into the plans.

“...because of the lack of space in the clinic, we end up receiving our medication when everyone is watching and as a result it becomes easy for everyone to see what our health problem is” Suzi Focus Group 1

As a result of the comments we received, LMC will take up these recommendations from the report:

1. Setup community health committees in the four clinic sites to help improve the effectiveness of the clinic by proactively engaging community members. This would help bridge the gap that exists between communities and the clinic. It would also breed a sense of ownership among community members, as well as act as a feedback mechanism for gauging community needs, perceptions and attitudes towards the clinic
2. LMC will review its schedule for each clinic site and use the community health committees as a forum to discuss this issue with the communities.
3. LMC will continue restructuring its clinic buildings at Msambo, Suzi and Thunga - like we have at Mwalaulomwe - to allow private consultations between the health workers and patient

In summary the report states that “it is pivotal that any public health intervention is continuously assessed so as to improve its effectiveness to potential clients. This study has revealed that LMC plays a critical role in providing health care in rural areas. Indeed, LMC is the main entry point to health care in such remote settings. While LMC provides a limited range of services, people in all the clinic sites appreciate its services and want it to continue operations.”

My conclusion is a little different. The people in our Villages are very appreciative and thankful for all the Medical mission does for them. For almost 50 years, CAMMC, the field staff, and all of our supporters have shown Gods love by providing physical and spiritual care to people half a world away and He has blessed our efforts. *“May the favor of the Lord our God rest on us: establish the work of our hands for us – yes establish the work of our hands” Psalm 90.* The Lord also blessed us by sending us Sydney. He is an extraordinary young man of faith, and I am sure God has big plans for him.

Gary Evans – Clinic Administrator