



## CENTRAL AFRICA MEDICAL MISSION – MALAWI

August 2020



Back in March of this year, the conventional wisdom was that Covid-19 would spread through Zambia and Malawi like a brushfire. That didn't happen. Zambia reported its first official case in late March and in Malawi it was early April. As it stands today Malawi has officially recorded around 4,300 cases and Zambia about 5,500. While the disease was slow to start in both countries the rate of infection has definitely picked up in the last weeks.

The Zambian government was quick to take action when the virus was first spreading. On a trip to Lusaka in late February I filled in a health form and had my temperature taken as I entered the immigration hall. In the Shibuyunji District where our clinic at Mwemebzhi is located, government health officers began teaching about Coronavirus in the villages in February/March. At our clinic we started requiring our staff to wear masks, gloves and face masks, we limited the number of people entering the clinic building, set up a hand washing station outside and disinfected all the supplies and parcels that were delivered to the clinic. We had cloth masks made up and distributed them to our staff. We required Alisad Banda, our administrator, to work from home and to disinfect our vehicle every time he used it. On his drive to the clinic, he discovered that the government had set up a testing station where the driver's temperature was checked, and the vehicle was disinfected. So far there has only been one case of Covid-19 in the Shibuyunji district and none so far at our clinic. In Lusaka, minibuses which are the main form of public transport, were required to carry fewer passengers, disinfect regularly, and keep windows open. Stores and businesses set up handwashing stations for customers and the number of people entering stores was limited.

In Malawi, the government was slower to act. There were anecdotal stories of government officials laughing off the virus – referring to it as a white man's disease. By mid-March, Lutheran Mobile Clinic nurses began teaching about Covid-19 to our patients but when we spoke to government health officers working at the district health center, we discovered they had received little to no training at all. By mid-March, businesses required handwashing before entry and today nearly all require facemasks to enter. The government attempted a lockdown in April, but almost immediately an injunction stopped the lockdown. The injunction was brought because many people live on the money they make that day, they have little or no savings and it was feared that a lockdown would lead to starvation among the country's poorer population. Outdoor markets remain open but people are required to wear face masks.

Our Malawian staff tell us that they are well health wise, but some are affected spiritually as they are unable to go to church. Few if any Malawian churches use Facebook or YouTube to live broadcast or record services. Some services are broadcast by radio. Schools are closed and there has been a significant increase in teen pregnancy. While fuel and food are available, many businesses have closed because only essential goods are being imported. As a result, unemployment has risen in a country that does not have an unemployment support system. A lot of health care professionals have contracted the disease because of a lack of PPE and poor training. Many private and Non-Governmental Organization clinics have closed. The good news for the Villages we serve is that our Government Health Surveillance Assistants have continued to provide under five vaccinations at our clinic sites.

We ask that you continue to pray for our Lutheran congregations of Zambia and Malawi, that they will be spared from the terrible effects of this disease, and that God brings an end to this pandemic. We have been working on plans as to how we can safely reopen our clinics and are anxious to return to Malawi to continue the Lord's work.

Gary Evans, Clinic Administrator