

How M.O.V.E. Moved the Small Village of Malindi

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Like all great adventures, this one started over a cup of Barry’s tea in a friend’s kitchen. We had all been talking about organising a great African expedition with some help from M.O.V.E. (Medical Overseas Voluntary Elective), a charity based in Trinity. We began a search to find the perfect place to go, deciding where and to whom our funds would be allocated and looking for the best experience possible. With limited knowledge of what lay ahead, we restricted our search to one continent and began the endeavour of sending e-mails to hospitals in Africa; naïvely, we thought it would be an easy task.

Some responses from potential hospitals in other countries appeared promising, but Malawi proved to be much more intriguing. A small landlocked country of limited resources and industry, Malawi was exactly the kind of place we wanted. A few e-mails and phone calls later, we managed to form a feasible plan. With our flights and accommodation booked, we set off to Malawi.

A few months later, we found ourselves with only one week left before we were due to fly away. Exams were done and it was time to start packing. Armed with the M.O.V.E. cheque, we had to find a way to get it across the world safely, which, though not too bad, still proved harder than we thought. It was surprising that only AIB out of the three major Irish

banks recognised Malawi as a recipient of money.

Arriving in Lilongwe was an experience I will never forget; I distinctly remember looking out the window and commenting to one of my friends that it was impossible that we were landing because all I saw were huts and a long dirt track. Not too far from my predictions, the airport was a small humble building with one baggage track for all incoming flights and, unsurprisingly, there were no duty-free shops. Customs simply smiled at us coming in and we were on our way, despite the fact we had an unbelievable amount of medication and over 500 needles for the hospital.

The setup was simple; we were to split up into two small groups and go to two different places. One group started off in the main hospital in Malindi town and my group went to the village, where we worked in a clinic for the first two weeks. The Nkope village life definitely took some time getting used to; I did try my best to adapt, although my friends may beg to differ. Our days consisted of running the outpatient department and maternity ward, shopping in the local market, playing with the local children and visiting villagers who kindly kept us company.

Two weeks without technology and with limited electricity and water

was something I had expected, but something that I forgot I truly had to live. Getting clothes made for me by the tailor and learning how to cook “nesema” (Malawi’s main staple) were pieces of cultural experience no book could ever give you. I do also miss the door-to-door service of a fisherman with his freshly caught goods; it wouldn’t go amiss in Dublin.

I think the biggest cultural shock had to be the transport; going from buses to pickup trucks proved to be entertaining and not far from lethal at times. Overnight, I had left behind a country where the Road Safety Authority constantly told us not to drink and drive and to make sure to put on our seatbelts, and arrived to a world of pickup trucks which carried 200 people, all of whom were holding on for dear life. Sitting on fish and hoping that a chicken wouldn’t bite your foot was the norm in getting from A to B. However, once you get past all the RSA violations, you learn to embrace the environment that you’re in.

You really had to be prepared to forget everything Phillipa and Marie (our beloved clinical skills tutors) told you in the safe, enclosed environment of the Tallaght clinical skills rooms. The day-to-day medical practice was so different from our teaching hospitals that you couldn’t practise medicine without thinking

about all the health hazards you were creating. Surprisingly, we found that when you're no longer in the environment where there is a poster reminding you to wash your hands or dispose of your sharps properly, you start to notice such actions more. Many times, due to limited resources, I saw injections being given to children without using antiseptic wipes to clean the area, or the same needle being used several times until a vein was found, or a cannula being used as a central line. The bare minimum was used in these settings to deliver a much needed health system.

Would you rather have a healthcare facility that is functioning at a very low standard or not have it at all? I asked myself that question endlessly and changed my mind on a daily basis, but when you see a new life being born and thriving despite those conditions, and when you see a child surviving malaria with a haemoglobin level of just 3, then you might for that minute think that maybe having it is better than not at all.

Challenges were too many, from lack of education to lack of adequate medication; it was hard to find a place to start. We had something, but it wasn't enough to solve all of the problems affecting the hospital. We needed a plan, we needed something that would make a difference and we needed it to work. So we sat down with another famous tea (this time it was called Rab's Tea) and we came up with a plan. Dirty water was

and is one of the major hazards in developing countries, so we helped fix the water supply to the tanks that would provide clean drinking water for the hospital.

With some money left over, we decided to give the main hospital paediatric ward a bit of a makeover. Putting a proper nurses' station into the ward helped establish the feeling of centralised care and we followed this by adding some new electrical sockets for the O₂ concentrators. Mosquito nets and some new beds rounded off the ward into a better venue for care. As for the village clinic, we managed to get them a steriliser for the maternity ward and an O₂ concentrator along with some other medical equipment they needed. It was a start, but we hope the next group can build on that. I feel that the aim is that someday in the near future the standards can be raised to provide an adequate level of care. We should be building towards a future where we can apply universal healthcare standards to everyday practice and where funding is available to allow for adequate treatment.

An adventure, no less; a world outside my norm. I learned that even modest help can still make a difference; if not to the clinical scene, then to the practitioner's life in the hospital and to the patient's life. We shared a summer of friendship with our friends at St. Martin's Hospital and had new light shed on medical practice outside our hometowns.

We have undoubtedly been moved by our experience, our patients and our new-found friends in Malawi. I, for one, have met some people and learnt some things that will stay with me forever and I hope to return someday to the small village of Nkope and to the town of Malindi to see the people with whom I shared this amazing experience.

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From assisting in surgery to delivering a baby on my first day, from a 15-hour bus journey across the land of Malawi to a casual swim in Lake Malawi, from screaming at a snake that had found itself a home under my bed to running for dear life while being chased by some elephants, from countless experiences with the "bicycle taxis" to bargaining at fruit markets and window shopping in the black market, what isn't there to love about Malawi? Go for it, jump! Make M.O.V.E. your choice this year.

