



UN

Volunteers

inspiration in action



**UN
DP**

Empowered lives.
Resilient nations.

UNV Malawi Newsletter

01st Quarter, 2015



inside this newsletter



Cataracts Cause Blindness



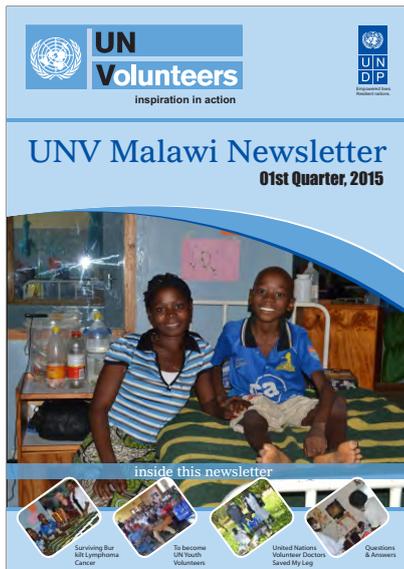
To become UN Youth Volunteers



United Nations Volunteer Doctors Saved My Leg



Questions & Answers



STORIES

Sharon Gonsalves
Chalira

PICTURES

Sharon Gonsalves
Chalira

DESIGN & LAYOUT

Media Print
+265 999/888 931 851

EDITING

Sharon Gonsalves
Chalira
Phillip Pemba

Introducing the New Programme Officer for Malawi : Ms. Maryrose Ikumi



CONTENTS

Surviving Bur Kilt Lymphoma Cancer	03
It always seems impossible until its done	05
Cataracts cause blindness	06
Mobilizing the students at Catholic University of Malawi to become UN Youth Volunteers	07
United Nations Volunteer Doctors Saved My Leg	08
Life of Women at Dzaleka Refugee Camp	09
Ward Rounds at QECH	11
Question & Answer	12
IUNV Doctors Memories in Malawi	14

The UNV Unit in Malawi has a new UNV Programme Officer Ms. Maryrose Ikumi from Kenya. Ms. Ikumi brings along wealth of experience in community development, civic engagement and resource mobilization, working with different national and international NGOs.

Ms. Ikumi arrived at her duty station in Lilongwe on 10th December, 2014 and has already settled in the assignment.

Maryrose's first degree is a BA in Social Sciences specializing in Community Development from India. She did her second degree at Southern New Hampshire University, USA and attained an MSc. in Communtiy Economic Development. She has worked in Kenya with different national and international organizations which includes PSI, PATH, and K-REP in different positions and different development areas. From 2002 she joined VSO Mozambique as an HIV & AIDS Programme Advisor and then joined ChildFund International in Mozambique as a Sponsor

Relations Manager. Maryrose's last assignment before joining UNV Malawi was with Action Aid Bangladesh as a Capacity Development Advisor. She has experience in micro enterprise, women economic development, youth development, monitoring and evaluation, capacity building, programme management, HIV & AIDS, gender issues, resource mobilization to name a few.

Ms. Ikumi enjoys meeting new people, volunteering at the grassroots level, reading, dancing, listening to music, surfing the web for information, travelling and generally having fun during her free time.

"I believe everyone is in a position to make a positive change in the society and therefore I like giving people a chance to show and do what they are capable of doing", says Maryrose. She further says that she believes in team spirit and that she is willing to work with Malawi UNV team in order to go an extra mile and achieve more.

Handsome's sad and encouraging Story: Surviving Bur kilt Lymphoma Cancer

Handsome Chiwandase is indeed a handsome 12 year old boy from Machinga district which is 250 kilometers from Blantyre City in Malawi's southern region. He was referred to Queen Elizabeth Central Hospital (QECH) end January 2014. This was not his first visit to the hospital, because he also went there four years ago when he was eight years old.

July 2011

Handsome was detected with a mass of cancer tumor called Bur kilt Lymphoma. The typical presentation in Bur kilt Lymphoma is the swelling of the jaw but Handsome's Bur kilt Lymphoma was presented in his spine and around his spine. The tumor mass in his spine was very big in a way that it was compressing his spinal code and that caused handsome to be paralyzed and consequently unable to control his bowel opening and passing of urine. Handsome was also failing to walk and could not feel anything in his feet and toes.

"At the age of eight in June 2011, my son started feeling a great pain in his legs and was failing to walk. After a few days, he started popping and urinating in his panties like a baby and that was when I decided to take him to Machinga District Hospital where I was referred straight to QECH.



Handsome's feet which got damaged because of lose sensitivity in his feet



From the left; Handsome's mum, Handsome, Dr. Kirstin and Sister Kamwendo

After this detection in 2011, Handsome immediately started chemotherapy treatment and endured four cycles of chemo. Chemotherapy is the treatment of disease by means of chemicals that have a specific toxic effect upon the disease-producing microorganisms or that selectively destroy cancerous tissue. Doctors administered four different types of Chemotherapy on him over a period of one month after which he improved and got well. He was discharged and sent home after staying in the hospital at QECH for two months. Handsome had regained his ability to walk and control his bowel opening and urine.

"It was very amazing to see that when am walking bare footed or playing football with my friends, I couldn't feel pain even after bumping into a stone, all I could see was blood coming with no pain at all," recalled Handsome with his handsome smile.

Four Years Later

Four years after the first presentation, Handsome had a relapse of Bur kilt Lymphoma. A relapse is the reappearing of the cancer mass tumor. Trifonia Makuta was very disturbed when his son's head started swelling in December 2014 going even to the scrotum.

"I thought my son was bewitched and I took him to different traditional doctors who told me different things before I decided to take him back to the hospital where I was referred back to QECH," recalls Trifonia with tears coming down her eyes. Relapses normally come back when the first chemotherapy cycle administration was not strong enough to destroy the first cancer tumor.

When Handsome arrived at Queens with his mum end of January, 2015, he was referred to Dr. Kirstin Miter Mayer, a United Nations Volunteer (UNV) pediatric surgeon at Queens, who was also acting as the head of Pediatric

Surgeon Department then. This time around the cancer tumor presented with several masses in different parts of his body. Handsome had developed tumor masses in his belly, his scrotum and also at the back of his head.

Dr. Kirstin also discovered that he had not fully regained his sense of feeling in his toes after the first chemotherapy treatment because Handsome's toes were damaged over the four year period that he was home. This was because although he was able to walk, he could not feel any pain in his feet when he bumped on anything.

Dr. Kirstin and her team started administering Chemotherapy cycles treatments on him again in February, 2015 using a stronger chemotherapy treatment. Relapse chemotherapy treatments are very strong and have very bad side effects and makes children weak and more ill, said Dr. Kirstin.

Handsome got very sick; he lost his hair, eyebrows, had a lot body pains, he developed a lot of mouth sores and he was vomiting a lot. Handsome became very weak and was unable to eat because he had lost his appetite

and sores in his mouth were very painful. He was given Antibiotics, Antiviral, Antifungal and any type of treatment that could prevent him from getting more ill. Handsome was put on a special diet with high calories feeding program. The chemotherapy cycles which was scheduled on weekly basis were postponed in between with a week or two to give him more time to heal from the side effect diseases that were occurring. They therefore managed to heal him from those diseases while continuing with the chemotherapy with time. Sister Annayzia Kamwendo the nurse who describes Dr. Kirstin as very hard working and very passionate explained that Handsome's condition has greatly improved with time because his head looks very normal with a tiny deformity at the back of his head, the mass in his abdomen is now very small and the mass in his scrotum has also been reduced very much. Sister Kamwendo further explained that Handsome has also regained his sense of feeling in his feet and he is able to walk very well.

"I now believe what the doctors told me that my son had cancer, I

have indeed witnessed the hand of God healing my son" said Triffonia who also said that when she goes home to Machinga, she will encourage her friends to believe in doctors. Triffonia said that she had wasted a lot of her money and time with Witch Doctors.



Dr. Kirstin doing a checkup on Handsom with her Nurse-Sister Kamwendo

Handsome who was scheduled to receive two more chemotherapy cycles explained that he was very fine and when he gets discharged from the hospital, he will work hard to become a Father of the Catholic Church.

Dr. Kirstin believes that the tumor will be completely destroyed after those two chemotherapies and that handsome will be discharged from the hospital and will be sent home. He will have 2 years follow up visits the first one of which will be after one month and the other four after every six months.

Dr. Kirstin complained that the some patients do not go to the hospital for follow up visits because of transport since they come from far away districts like Karonga which is 800 Km from Blantyre and they are very poor. This is the major reason why relapses appears.



Handsome walking perfectly well



Dr. Oleksandr Kulyk performing a Surgery Operation on Jane

Mzuzu Central Hospital is one of the four central hospitals in Malawi. It is also a referral hospital in the northern region of Malawi in Mzuzu where I meet a 32 year old woman, Jane Luhanga. She had survived a very difficult major abdominal surgery which could have taken her life.

Ms. Jane lives in Chitipa district which is 315 kilometres from Mzuzu City. Ms. Jane Luhanga developed complications after the Caesarian Section delivery to her daughter at Chitipa district hospital in September 2014 whereby she was failing to pass out urine.

Two days later Ms. Jane, was referred to Mzuzu Central Hospital where she arrived on a Friday night. Dr. Oleksandr Kulyk a UNV Obstetrician and Gynecologist who was on duty that weekend was informed about the patient on Saturday morning and he quickly went to see the patient. Dr. Kulyk did not hesitate but to operate on Jane on the same day since her condition was very critical and Jane could have easily developed

It always seems **impossible until** it's done

kidney failure condition and lost her life since her urinary tubes were blocked.

The surgery operation took five hours whereby UNV Dr. Kulyk found out that the poor lady's urinary tubes were cut and tied up thereby preventing the urine from using the right path out. As a result of cutting and tying up her urinary tubes, Jane developed another complication because the urine was now being drained in the stomach. Dr. Kulyk removed three litres of urine from Jane's stomach.

It was indeed a very complicated operation for Dr. Kulyk since he did the operation with no support from any Urologist since there is none at Mzuzu Central Hospital. The other option was to refer her to Kamuzu central hospital in Lilongwe which is 360 kilometers from Mzuzu where there is an Urologist but time was against the life of Jane Luhanga since it was a serious emergency. Due to lack of other equipment's like ureteric stents, Dr. Kulyk had to improvise and used a cardiovascular catheter to suture damaged ureters. The operation was successful because Dr. Kulyk and his team managed to save the kidney of Jane on time before they could be damaged and also Jane's life.

Jane Luhanga stayed at Mzuzu Central hospital for a month while waiting for the wounds to heal and also to avoid the wound

from being septic. A month after she was about to be discharged, Jane developed Fistula through the abdominal wall and her admission period in the hospital was extended to another month to enable UNV Dr. Kulyk and his team manage the fistula leakage properly.

After exactly two months of staying in the hospital under the management of Dr. Kuyk, Jane was discharged from the hospital and sent home with a catheter which she was advised to take proper care of until a review after a month. Jane went home very happily.

In January 2015, Jane Luhanga went back to Mzuzu Central Hospital from Chitipa for her check-up. Dr. Kulyk was very disappointed to find out that the Catheter which he had inserted in Jane was removed by the medical staff from Chitipa district hospital although after examining her he was relieved to find out that the leakage had stopped and she was dry.

After further examination, Dr. Kulyk also found that Jane had developed another little fistula from the bladder to the vagina which was operated after a few days.

"To date, quite a number of pregnant women who delivers from the district hospitals and health centres have no idea over pregnancy and childbirth

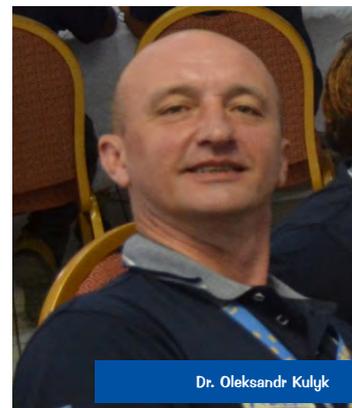
complications when identified and they are referred for further management and care at Mzuzu central Hospital when the conditions have become worse," says Dr. Kulyk.

Dr. Kulyk further says Jane's story really touched him so much because it opened his eyes to realize the real existing problems in Malawi as a whole in terms of inadequate health personnel, lack of specialized doctors, Poor patient doctor communication,

lack of equipment's, inadequate transport and many more.

Dr Kulyk could not hide his sorrow over everything when he said that "unfortunately this happens to very poor people who have no say but wishes that if only the goal of our Health system was to prevent such conditions by sensitizing the people in rural areas, providing refresher trainings to the hospital staff and providing adequate equipment's, much of the

complications could have been prevented at a both the district hospital and central hospital level



Dr. Oleksandr Kulyk

Cataracts cause blindness



Dr. Jonathan Torralba doing a check up on Annette

"It started as a cloud of smoke, covering up my eyes slowly until January, 2014 when the smoke completely covered up all my eyes and I became blind," explains a 60 year old Annette Mkandawire who comes from Karonga district which is almost 400 kilometers from Mzuzu City in Malawi's northern region.

Annette who had been admitted at Mzuzu Central Hospital for two weeks then after being referred from Karonga Health Centre had bilateral paths on the lens of her eyes called a Cataract. The cataract was obstructing her

vision and could not see anything because her eye lenses were cloudy.

A cataract is a clouding of the lens inside the eye, causing vision loss that cannot be corrected with glasses or contact lenses but it can be corrected through a Cataract surgery since it is one of the safest and most effective surgical procedures. Cataracts are the most common cause of vision loss in people over age 40 and are the principal cause of blindness in the world. Dr. Jonathan Torralba, a United Nations Volunteer (UNV) Ophthalmologist at Mzuzu Central

Hospital explained that most cataracts are associated with the aging process and are common among older people in Malawi.

On 4th March, 2015, Dr. Torralba conducted a cataract surgery on Annette by removing the lens inside Annette's eyes that had become cloudy by removing the cloudy lens and replacing them with artificial lens called intraocular lens in order to restore her clear vision.

Asked if she was able to see, Annette responded with a great smile on her face and said "Madam Sharon, I can see that you are writing right now as am talking." Annette who had been blind for a year and some months could have been blind for the rest of her life if she had not undergone the surgery or overcome her fear that she will die in the operating theatre.

"I was very scared and every time I went into the medical theater I was refusing to undergo the surgery operation," added Annette.

The cataract surgery was very successful and rewarding because Annette is now able to see.

Mobilizing the Students at Catholic University of Malawi to **become UN Youth Volunteers**



Catholic University Students

The United Nations Volunteer Programme in Malawi visited Catholic University in Malawi on the 12th March, 2015 and made presentations about how to engage the Youth from the Universities of Malawi in Volunteerism.



Sharon Chalira, clarifying to the students on how to go about the Online Volunteering Programme

The visit aimed to give Malawian youth an opportunity to join the rest of the world UN Youth Volunteers to contribute to global peace and development through volunteering.



Students listening with interest to the UN Youth Volunteer Mobilisation Talk

Two presentations were made on; how one can become a UN Youth Volunteer and another on how to register as an Online Volunteer. After the presentation which the students listened to with so much interest, they asked a number of questions and clarification on how volunteerism works.

The talk was very successful because after all the discussions and deliberations, the UNV team and the students agreed to form a UN Youth volunteer scheme within Catholic University to give students an opportunity to serve their communities on a volunteerism basis. The students were also very much interested with the Online Volunteering presentation because they regarded it also as a means of building their skills.



Maryrose guiding the students in doing the My World Survey while the other students were also doing the survey



Sharon Chalira, the UNV Programme Assistant making a presentation on UN Youth Volunteers

The Student Union Vice President of Catholic University: Zaithwa



Students from Catholic University



United Nations Volunteer Doctors

Saved My Leg



Dr. Maria Ingalla during ward round check up on Joseph after Achilles Tendon Operatin the previous day

Joseph Trinidad is a 28 years old man who lives in Mzuzu, the Northern part of Malawi. Joseph was involved in a terrible car accident in April, 2014 where his right leg was injured. He sustained two fractures on his leg between the knee and ankle and a femur fracture. The femur, which is the thigh bone extending from the hip joint down to the knee joint is one of the largest, and strongest bones in the body which requires significant force to cause a femur fracture.



When he was brought to the hospital on this threatening day, he was welcomed and attended to by Dr. Rollin McCord the Ex UNV General Surgeon who saved at Mzuzu Central Hospital in the Orthopedics department for

more than one year. Dr. McCord treated him by applying external fixator on his femur fracture by using a plate and screws. External fixation is an experimental therapy that involves drilling fixation rods through the skin into the bones of the thigh and shin. Since Joseph had also sustained a major wound on his leg,

Dr. McCord also did a skin grafting procedure on Joseph's leg after a few weeks before sending him home for six months. Skin grafting is a type of graft surgery involving the transplantation of skin. The transplanted tissue is called a skin graft. Skin grafting is often used to treat extensive wounds or burns.

When Joseph went on a follow up visit in September, 2014 to remove the External fixators and he was handed over to Dr. Maria Ingalla the UNV Orthopedic Surgeon since Dr. McCord had left. Dr. Ingalla found out there was pus coming out from three

different places in the thigh and Joseph was unable to bend his bend his foot downwards at the ankle due to Achilles tendon rupture.

The Achilles tendon is located just behind and above the heel. It joins the heel bone to the calf muscles. Its function is to help in bending the foot downwards at the ankle and it can be ruptured by sudden force on the foot or ankle. Dr. Ingalla started with treating the wound by putting Joseph on strong antibiotics in order to clean the septic wound and heal it before doing an Achilles tendon rupture Surgery which was done in March, 2015.

"This is the last procedure on way to full recovery of Joseph's leg," says Dr. Ingalla who did the Achilles tendon surgery to repair the tendon surgically by sewing together the torn ends of the Achilles tendon and a plaster cast was on his leg after the operation.



Joseph who was discharged from the hospital and sent home three days after the surgery of the tendons was advised to go back to the hospital to remove the Plaster cast after four weeks. Joseph commented that although he is using crutches when walking, he has hope that he will be able to walk again pretty soon.

The United Nations High Commissioner for Refugees (UNHCR) defines a Refugee as someone who "owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality, and is unable to, or owing such fear, is unwilling to avail himself of the protection of that country"

UNHCR was established in 1950 with a core mandate to protect the refugees. The situation of the refugees is often so terrifying that they cross national borders to seek refuge in nearby countries, and thus become internationally recognized as "refugee" with access to official assistance from countries, UNHCR and other organizations.

Dzaleka refugee camp was established by the United Nations High Commissioner for Refugees (UNHCR) in 1994 in response to a wave of forcibly displaced people fleeing genocide, violence and wars in Burundi, Rwanda and the D.R. Congo

Dzaleka was designed to house about 4,000 people but there are now almost thirteen thousand people. It is now like a regular Malawian town with complete markets, shops, bars, primary school, secondary school, a small technical college, a hospital and many more. Thinking outside the box becomes a necessity when you are essentially living in a camp like Dzaleka which is very overcrowded.

Umocha craft is a crafting business which was started by a group of women at Dzaleka camp with assistance from UNHCR to make extra money to support their families. The Umocha Crafts group was officially established in early 2010 in response to a need for women to be better able to support themselves and their families. The vast majority of

Life of Women at Dzaleka Refugee Camp



Askal Tilahun - Community Services Officer

people at Dzaleka have the skills required to be financially independent. Twelve women developed the existing craft production project from their own experience and resources and it has now grown to involve more than 50 women.

"The food UNHCR gives us every month is not enough, we have to add on something, otherwise we can't survive. We also need to work hard to get money to buy clothes, shoes, school materials for our children and many more" explains Jenifer from Congo who has 6 kids and a husband at home.

The women at Umocha Craft focus much on weaving and beading, they make table mats, trays, necklaces, earrings, bracelets, anklets and many more using sisal, beads, plastic papers, linen, palm leaves and many more raw material.

"I couldn't sit and wait for the situation to change when I joined the camp in 2010, I always want more for our families." said Rosemary. In this group everyone makes her own things using her own

materials. They send their products to their suppliers in Lilongwe, the capital city which is an hour drive from the camp through a Malawian Agent. They also send their agent to sell on their behalf at the Farmers markets once every month. After they receive their money after the sells, everyone contributes five percent of their sells to the group which is normally used for logistics the smooth running of their office. These women are all involved in full decision-making powers and vote on all relevant matters. They also conduct monthly meetings to provide forums for discussion, product development and training on various topics.

Askal Tilahun, the UNV Associate community services officer who works with UNHCR Malawi assist these ladies in finding markets for them.

"She is a great motivator to us" says Rosemary Lwanzo. Askal goes a step further to even collect their products and sell for the ladies when there are UN big functions like retreats, cocktails and UN day's gatherings.

Umocha Craft business has been growing, with up to more than half of their deliveries growth every year until November, 2014 when business became very slow. One of their best buyers, an American woman, stopped coming to buy their products. The sells from the market days have also dropped by

less than half as compared to the previous years.

Berenick further complains that "being in the camp is like being a prisoner because we are not allowed to go outside the camp and not even to go and sell our products"

While Malawi agreed to host refugees as a signatory to the UN's 1951 Refugee Convention, there are reservations on restricting refugees' freedom of movement and right to employment, among other things. This makes it really hard for these women's business to grow.

We MAKE...

Agaseke (pots), trays and earrings

The weavers in our group bring their talents from the traditional basket weavings of Burundi & Rwanda. We recommend you keep the weavings dry.



Paper-bead necklaces and earrings:

Sourcing discarded magazines, our jewellery-makers are able to make beautiful, colourful and weather resistant beads.



Ward Rounds at QECH

Dr. Arm Ibrahim Hiba is an Egyptian UNV Internal Medicine Specialist working at Queen Elizabeth Central Hospital. Dr. Hiba does ward rounds almost every day. He runs the Renal Clinic on Wednesday mornings and general clinic on Wednesday afternoon. Every Friday he runs the Hypertension clinic where he attends to almost 70 patients every Friday.



1. This patient has white blood cells cancer called Leukemia. It has been 6 months since they detected it and he has been scheduled to start Chemotherapy Cycles.



3. The patient has an inflammation on his head and paralysis in his leg. He had been scheduled for screening because he had a continuous headache and Dr. Hiba is suspecting him of having a brain tumor



2. This patient has paralysis of lower lymph called Guillain-Barre syndrome which is a rare disorder in which the body's immune system attacks its own nerves. It's like the body attacking itself. The exact cause of Guillain-Barre syndrome is unknown and there's no known cure for Guillain-Barre syndrome, but several treatments can ease symptoms and reduce the duration of the illness. The body heals itself with time.



4. The Patient has a disc collapse in his back. Collapsed discs are spinal discs that lose some of their water content, and as a result lose some of their height. Your spinal discs cushion and protect the spinal bones. However, the spinal stresses associated with everyday life gradually damage the outer disc material and lead to the formation of small ruptures. As a result, the disc interiors slowly lose their water content and cause discs collapse

Q&A QUESTION & ANSWER

Dr. Kibrete Wolde Feleke is an Ethiopian United Nations Volunteer Internal Medicine Specialist Doctor who is working at Mzuzu Central Hospital. Dr. Feleke is the only UNV Specialist doctor working in the department of Medicine at Mzuzu Central Hospital. He explains all about his volunteer work to Sharon Chalira from the Malawi UNV Office

Q. Who is an Internal Medicine Specialist?

· A. Internal Medicine Specialist is a specialist physician who diagnoses and treat internal diseases without operating patients

Q. How long have you been working as a UNV Internal Medicine Specialist at Mzuzu Central Hospital?

· A. I have been working in this capacity since my arrival in Malawi as a UNV Internal Medicine Specialist in June 2014

Q. How many UNV Internal Medicine Specialists are you in the department of medicine?

· A. I am the only specialist physician in the Department of Internal Medicine with two Malawian General Practitioner doctors and three clinical officers

Q. How was the situation like when you joined Mzuzu Central Hospital, in your department?

· A. After I arrived in Mzuzu Central Hospital I observed that patients were being referred all the way to Kamuzu Central Hospital in Lilongwe which is 350 KM away and Queens Elizabeth Central Hospital in Blantyre which



Dr. Kibrete and her nurse managed to detect the tumor in her through

is 700KM away for specialist physician's consultations. This was very expensive for the hospital and inefficient with a lot of patient's delays due to transport availabilities. When I joined the department, we discussed these problems as a unit we agreed with the team members to be having consultation with patients and refer to me for difficult cases patients. With time there has been a dramatic decrease of referral cases and patients are being handled on time.

Q. What is wrong with your patient Mary Mkandiwire (referring to the patient whom he was attending to when I visited)

· A. Mary is a 35 year old lady who was quite normal but a week before visiting the hospital she started having difficulties in swallowing solid foods and when she noticed progressively worsening of difficulty in swallowing solid foods and later to liquid foods like porridge while pain she decided to come to the hospital. She had also lost weight rapidly because of inadequate food intake. I suspected that something is obstructing the

lumen of gut joining the throat with stomach for which I did Endoscopy an instrument used to visualize the lumen of the gut all the way from the mouth down to the first part small intestine. During the endoscopy I discovered a Tumor in the mid of the esophageal lumen. It was the tumor that was completely obstructing the passage of both solid and liquid foods.

Q. What is Endoscopy?

· A. An endoscope is a long, thin, flexible tube that has a light source and a video camera at one end. Images of the inside of your body are relayed to a television screen, the doctor is able to view pictures of one's digestive tract on a color TV monitor. Endoscopes can be inserted into the body through a natural opening, such as the mouth and down the throat, or through the anus. Alternatively, an endoscope can be inserted through a small surgical cut made in the skin. The endoscope is carefully inserted into your body. Exactly where it enters your body will depend on the part of the body being examined. In Mary's case, the endoscope was inserted through the mouth in order to

detect a tumor in her throat.



Dr. Kibrete preping his instruments to perform Endoscopy

Q. What is the next step after her Endoscopy?

· A. I managed to take samples from the mass and we discovered that there was a tumor is growing in her esophageal lumen for which she advised to come back after two weeks for treatment the condition with the same Endoscopic procedure.

Q. Describe your normal working day?

· A. My daily schedule is very tight each and every day. My daily work starts at 8 o'clock in the morning whereby the whole team of our department including doctors, clinical officers and nurses meet and discuss about the cases seen in the previous day and we discuss about these case and I teach them about how to handle the challenging cases. If there were any patients admitted during the night shift, we also discuss on how to go about them. After one hour daily morning briefing and teaching sessions, all the teams will go to the ward round for detailed evaluation and management.

Q. How is your work scheduled from Monday to Friday?

· A. Due to lack of specialist physicians I have a very tight programme in order to manage to assist all the patients very efficiently. I do major ward rounds on Mondays, Wednesdays and Fridays. On these same days, I also do Endoscopy of at least five cases

within these three days. On Tuesdays and Fridays I have to see patients referred for specialist evaluation from the district hospitals from the Northern region of Malawi and from other hospitals. Every afternoons, I see consultation patients from the other departments. I also see patients with heart problems in collaboration with sonographers in the department of radiology. To tell you the department gets very busy throughout the week including night time and weekends.



Dr. Kibrete inserting the Endoscope Instrument in Mary Luhanga through the mouth

Q. How many patients do you see per day/per month?

· A. In the medical ward I have to see all the admitted patients who on average comprise 34 in each of our three wings wards every week. I see a minimum 40 patients in the outpatient department and fifteen Endoscopy cases per week. I also have to see additional patients who needs consultation from other wards of the hospital.

Q. What has been your greatest achievement at Mzuzu Central Hospital?

· A. My greatest achievement which I will live to remember from Mzuzu Central Hospital is the transferring of skills and knowledge to my fellow doctors, clinical officers and sonographers. I also feel great because am able to treat patients who might not have be saved due to lack of specialist care in the hospital.

Q. What challenges do you face

· A. You know doctors' life is full of challenges and misery in Africa starting from our school lives all the way to our careers due to multifactorial of reasons like inadequate drugs supply and medical equipment's leading to underutilization of the skills and knowledge one acquires. I have been going through the same challenges during my 10 years' work experience in medicine.

Q. How have you imparted your knowledge & skills on the people you work with?

· A. In fact this is my greatest achievement by transferring my skills and knowledge to the staff I work with on daily basis. I also train from student doctors, Nurses and Clinical Officers. There have been a great improvement on the doctors and nurses in my department in the way they are handling patients.

Q. What do you find exciting about being a UNV in Malawi?

· A. I confirmed the slogan of Malawi "The Warm Heart of Africa" that is what I can say in short. The people I work with are very good, I receive a very warm welcome when I came. They assisted me in settling well and were able to accept me in their system. As a department, we really work a team, they give me all the necessary assistance I need and gives me the right guidance for us to achieve.



Dr. Kibrete and her nurse managed to detect the tumor in her throat

IUNV Doctors Memories in Malawi



David Greagory
Place



Dr. Asma Hanif
Neurosurgeon



Dr. Bal Makunda Dhungel
Pathologist



Dr. Biplab Nandi
Pediatric Surgeon



Dr. Biselele Kabeya
Obstetrics & Gynaecologist



Dr. Caspillo Amiel
Dental Surgeon



Dr. Cyprain Foba
Obstetrics & Gynaecologist



Dr. David Fayulu
General Practitioner



Dr. Eleazer Onglatco
Paediatrician



Dr. Eric Borgestain
General Surgeon



Dr. Eric Kasagila
General Practitioner



Dr. Fauzia Ayubu
General practitioner



Dr. Gerald Buvenge
General Practitioner



Dr. Gian Samonte
Dental Surgeon



Dr. Henry Nkume
Ophthalmologist

Your memories will leave

A sweet aftertaste

As we think of that patient at
KCH with a brain tumor

But there is no Neurosurgeon
to attend to him

We can think of many reasons

To not let you go

As we think of that pregnant
woman with complications at
Zomba Central Hospital

Which had 3 Gynecologist as
of December, 2014

But now there is none

No Gynecologist at all to save
women and their unborn
babies

IUNV Doctors

Your absence will make us

Sit back and reminisce

You had made life so full of
bliss to many

You demonstrated the love
and will to assist Malawians

In improving the health care

And you even went an extra mile to solicit the much needed Medical equipment's from well wishers

You not being here

Will cause panic and complaints

Mzuzu, Kamuzu, Zomba and Queen Elizabeth Central Hospitals

Will forever remember your services

It's because of your love and caring services

That we'll miss you passionately

You have saved the lives of many

Farewell

Goodbye
UNV Team Malawi



Dr. Irshad Aman Khan
Dental Surgeon



Dr. Jocelyne Chu
General Practitioner



Dr. Manga Seluwa
General Practitioner



Dr. Manighandan Sivarama
Physiotherapist



Dr. Mapay Ngalala
ART Supervisor



Dr. Miao Chun
General Surgeon



Dr. Mubiala Nicodeme
ART Supervisor



Dr. Nandhini Dakshinamurthy
Physiotherapist



Dr. Oleksandr Kulyk



Dr. Patty Mapambolo
General Practitioner



Dr. Razia Sultan
Dental Surgeon



Dr. Sajith Sekharan
Dental Surgeon



Dr. Saleh Abdallah
Physiotherapist



Dr. Tewodros Wubayehu
ART Supervisors



Dr. Uledi Sefu
General Surgeon

ANNOUNCEMENTS/UP-COMING EVENT

PHOTOS

To all UNV we need some action photos to go along with the production of this newsletter. Please send us 4 photos with your article for the next edition. Make sure to include a photo of yourself.

CALL FOR STORIES FOR NEXT ISSUE IS OPEN

All UNVs are being invited to submit articles to share with the world what is happening in their assignment towards development and peace of Malawi.

The UNV Country office Team

Miss Maryrose Ikumi, Program Officer
Charity Mkona, Program Assistant
Sharon Gonsalves Chalira, Programme Assistant

Send us your comments and queries about the news-link

Phone: +265 1 772 118

Fax: +265 1 773 637

E-mail: unvnews.mw@undp.org



inspiration in action



Empowered lives.
Resilient nations.