

PARTNER PLAN

David & Rebecca Morton - Malawi May 2016

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Dear Friends and Family,

Last week Monday (April 25) was "World Malaria Day". Here at Nkhoma, only the malaria parasite (and maybe the mosquitos) were celebrating. Due to a confluence of factors, April has been the worst month we have seen for outpatient visits, 70% for malaria. For April we have had close to 12,000 outpatient visits (for all of 2015 we had about 42,000). At the beginning of the month, as the numbers mounted we realised that our supplies of the malaria rapid diagnostic test and LA (oral medication for malaria) would not last and through intense lobbying were able to get our designated supply for April and May, early (second week of April). The national malaria programme here receives for free malaria drugs (both oral and intravenous) and the rapid



tests, thanks to the Global Fund and the USA PMI (President's Malaria Initiative). But as the cases continued to mount, we realised that our supply for April and May would run out before the end of April. So there was another round of intense lobbying, a visit from the national malaria programme with auditing of our records, confirmation that our data was true, and a decision made to release an additional emergency supply the next day. We received the new supplies just as we exhausted our current stock.

As best as we can tell, this huge upsurge in malaria cases is due to 1) very different rain pattern this year with heavier later rains (no good for the crops, but excellent for the mosquitos), 2) lack of funding for our malaria control indoor residual spraying program (only 2,000 homes sprayed instead of 30,000), 3) lack of effectiveness of the new insecticide used this year (approved by WHO as it appeared to work in other African countries, but demonstrated by post spraying checks on children in sprayed communities around Nkhoma not to have worked), and 4) Nkhoma Hospital being the only facility in our referral catchment area of over 400,000 people to have maintained stocks of the anti-malarial drugs, causing people to flock to us as no one else had treatment (another long story). We had as many outpatient visits this year in April as we did last year January through April. We discharged over 1,000 children from the children's ward this April compared to 500 last year in April.

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The mosquito borne disease Zika virus gets all of the international headlines, but malaria remains one of the biggest health issues we face here. We are very thankful to the Global Fund and the President's Malaria Initiative (for us Americans this means our tax money!), for proving the diagnostic and treatment supplies, for the national program here in Malawi recognising our efforts and supplying what we need, and for our faithful but extremely overworked staff in continuing to serve all the patients who come. Today is a public holiday here in Malawi (Labor Day, as May 01 was a Sunday), but already at noon, over 400 patients have come to be seen.

Please pray that we will have the strength to handle all the demands that come with such a patient load, that we will be able to find the additional staff we need, and that God will continue to supply the financial and other resources required. Also pray that we will be successful in our current planning, to find a donor and the right insecticide to have an effective control program next year. Later this week we are meeting with our etymologist (bug/mosquito) expert to plan for the coming year.



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