



# Medic to Medic



## Clinical Observerships in Malawi

2024 - 2025



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# What does Medic to Medic do?



**The aim of Medic to Medic is to support healthcare students in low-income countries who are at risk of dropping out of their training. With our support, students can focus on their studies until graduation, and countries gain the expertise of health professionals who are so desperately needed.**

Medic to Medic works like “sponsor a child” schemes – except we sponsor healthcare students. Each donor is linked to an individual student, who sends updates on his or her progress. Donations are pooled so that even if a donor withdraws, no student is disadvantaged.

We support students training to become doctors, pharmacists, physiotherapists, nurse midwives, mental health workers, clinical officers and optometrists in their home countries. Scholarships cover each student’s tuition fees, and other necessary allowances, as well as providing them with medical equipment, a laptop and textbooks, so that they have everything they need to successfully qualify from their courses. As of June 30<sup>th</sup> 2022 we were supporting 103 students, in 18 colleges, across 5 countries and this year we saw 20 of our students graduate.

Without the support of Medic to Medic, many of these healthcare students would spend their spare time trying to find extra funding rather than focusing on their studies. With a scholarship, students can concentrate on their studies and they are more likely to stay and work in their home country following graduation, which is of great importance to the sustainability and development of their countries’ fragile health systems.

## 4 priorities

### *Health Workers*

We support trainee healthcare workers throughout their education, so that they can perform to the best of their ability. We want to add to the absolute numbers of health workers in training so that there are more graduates in countries with critical shortages.

### *Equity and Access*

We target those who are under represented in the health professions, such as women or those from rural areas. We want to increase the numbers of health workers working in rural areas, so that everyone has equal access to healthcare.

### *Awareness*

We hope to raise awareness of the different conditions facing health professionals worldwide and an appreciation of the global health community.

### *Leadership Skills*

We support our student community to gain leadership and empowerment skills through small scale, locally led projects related to health and wellbeing.

# Who are Medic to Medic?



Medic to Medic believes that access to healthcare is a human right but is unequal both between and within nation states. Shortage of trained healthcare professionals is a major driver of such inequalities. We strive to address this issue by supporting healthcare students in Africa and low- and middle-income countries who can no longer afford to continue their studies. We value gender equality and seek to support women who are under represented in the healthcare professions. We seek to support students from disadvantaged backgrounds.

# Clinical Observerships in Malawi

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We are excited about the opportunity to offer clinical observerships in Malawi to pre-university students. We hope that these experiences will be able to give you the necessary exposure to help you with your personal statements and CV building opportunities for university applications whilst helping our organisation to fundraise for our community.

We have worked in Malawi since 2007 and have an extensive community who are able to help us formulate a safe and reciprocal observership programme. You will be hosted by one of our partner colleges, attend lectures with Malawian students, undergo bedside clinical teaching and get involved with secondary school visits in one of our existing charitable activities.

In preparation for your visit and during your time in Malawi you will meet some of our existing students and graduates, fostering international friendships that will continue for many years to come.

This is a new initiative for us and is constantly evolving and changing. We hope you may be able to give feedback from your experience so that we can make the experience even better for those coming after you!

With all things Malawian, no matter how hard you plan, things may not always turn out as you expect! Sometimes this leads to something even more unique. A sense of humour and flexibility will mean you will be able to make the most of your experience, no matter what happens and our team will be on hand on the ground to support you and ensure you have a safe and fulfilling experience.

*Medic to Medic*





## At a Glance

- Malawi is a landlocked country in Sub Saharan Africa and ranks as one of the poorest in the World.
- The population is approximately 19 million and 84% live in rural areas
- 72% earn less than the poverty line of US\$1.25 per day.
- Nearly 9 out of 10 people are subsistence farmers, growing crops to feed their family, and the average income is the lowest in the world.
- Malawi is geographically divided into 28 districts and three regions. Districts range in population from 150,000 to over 1 million. The most populous districts are Lilongwe, Blantyre and Mangochi.



## Culture

- Malawi is largely Christian although Mangochi and areas near Mozambique are more likely to be Muslim.
- It is not uncommon for patients to believe that their illness is caused by witchcraft and consult traditional healers before attending health facilities.
- Most Malawians live with their extended families in villages in rural areas.
- Asking about HIV status requires sensitivity as it is still stigmatized.

- 62% of health services are provided by the government, 37% are provided by the Christian Health Association of Malawi (CHAM) and 1% of the population receive health services through private doctors or non-governmental organisations (NGOs).
- The health system suffers from inadequate financing, infrastructure and equipment. At health facility level, understaffing and frequent lack of supplies (antibiotics, anti-malarials, IV fluids) are commonplace.
- Access to medical care is limited. Only 46% of citizens live within a 5km radius of any health facility. Despite most public health services being free for patients, costs related to transportation deter many from going to a facility.
- There are an estimated 2 doctors per 100,000 people and 34 nurses per 100,000. Malawi's shortage of human resources is the most severe in rural areas. The UK has 240 doctors and 800 nurses per 100,000 people.
- All clinical care in district hospitals is delivered by clinical officers and nurses. Clinical Officers are school leavers who have three years of clinical experience and completed a diploma in clinical medicine.
- There is no emergency system in place, no ambulated paramedic response system (no 999), though you may see ambulances in urban areas related to private facilities.



- Asking someone to lose weight is insensitive, as people with HIV are seen to lose weight. "Fat" is an objective description without the judgmental connotations known in western culture.
- It is NOT taboo to ask about pregnancy. Most women desire pregnancy and fertility is a large component of self-worth. Many women have between 4-12 children, particularly in rural areas. Terminations are illegal though there are efforts to reverse this.

## Health System

- The government spends the equivalent of US\$90 per person per year on health.
- Primary care consists of community-based outreach, manned and unmanned health posts, dispensaries and small health centres. These are staffed by nurses and clinical officers.
- Secondary care is provided by district hospitals. These hospitals have several inpatient wards in addition to a x-ray machine, an ambulance, an operating theatre and laboratory. Most care is provided by clinical officers and nurses, including emergency obstetric surgery.
- District hospitals can refer to the four government central hospitals, located in the major cities, where the few specialists are based.
- There are just 17 obstetricians working in Malawi for a population of nearly 19 million people, of which ten are Malawian.
- Malawi still heavily relies on external financial aid. In 2013 external donors funded 68.3% of Malawi health care.

## Health Statistics

HIV Prevalence	10.8%
Under 5 mortality	64 / 1000
Maternal mortality ratio	634 / 100,000
Girls married by 18	49.6%
Stunted growth	47.1%
Overweight children	8.3%
Orphans	1.3 million (pop of 17.4 million)
Life Expectancy	58.3 years
Girls aged 15-19 who want but cannot access contraception	28.8%
Men >25 years with hypertension	44.5%



## Kamuzu University of Health Sciences

- Kamuzu University of Health Sciences was established in 1991. Prior to this, all Malawian doctors were trained abroad, mostly in the UK and Australia. The first batches of Malawi-trained doctors were thus pioneers and many now have leadership roles in the University.
- Most courses take place at Blantyre. Some classes and rotations take place in Lilongwe and a minority in Mangochi and Zomba.
- At present, about 100 students each year graduate as a junior doctor after five years in the MBBS programme.
- Post-graduate training (Masters of Medicine) is four years of training, and is offered in the following specialties: internal medicine, paediatrics, surgery, obstetrics and gynaecology, anesthesiology, ENT, ophthalmology, psychiatry, emergency medicine and family medicine. There is also a two year Masters of Public Health.
- All undergraduate and post-graduate clinical rotations take place at the central hospitals Blantyre and Lilongwe, except the Family Medicine rotation in Mangochi and the psychiatry rotation in Zomba.

# Observership Location



The partnership for our observership programme is with St John of God College (SJOG) in Mzuzu, northern Malawi. Mzuzu is an urban area with good transport connections to Lilongwe and good local amenities. There are western style restaurants and lodges available for meals. There is one main supermarket and a busy local market. Northern Malawi is full of coffee and tea farmers and industry is largely based on forestry. The Lake draws tourists to Mzuzu as the most conveniently located nearest town. Imports come through Mzuzu from Tanzania.

In Mzuzu, we support student scholarships at SJOG College, Mzuzu University and Ekwendeni College of Health Sciences.

The SJOG hospitalier service in Malawi is part of the global SJOG organisation which is a Roman Catholic Order founded in 1572 and operating in 46 countries. It was founded on the principles of Joao Duarte Cidade, (1495-1550), a Portuguese-born shepherd and soldier who subsequently worked to support the poor and sick, (especially those with mental health problems) in Spain. The Order has continued to work in the field of mental health and to support the most vulnerable in society, including those with disabilities and special needs.

The Brothers of SJOG, Ireland arrived in Malawi in 1993, at the invitation of the Diocese of Mzuzu, to establish a community based mental health service in the northern region of Malawi. The initial service was set up in conjunction with the primary health care department of St John's mission hospital in Mzuzu, and has developed to include residential care for people with acute mental illness; rehabilitation and reintegration services; education for children with special needs; and skills based training.



# Observership Location



**Saint John Of God University**  
Collaborating to improve the quality of life through teaching and learning

**Our Vision**  
To become a centre of excellence in academics & research in health upholding the Christian values in the students learning.

**Our Mission**  
To provide quality and holistic teaching, learning and research in the manner of St. John of God.

**Philosophy**  
The University upholds the philosophy of Hospitaller Order of Saint John of God that promotes the dignity of individuals.

**Our Values**  
Excellence | Respect | Hospitality  
Justice | Compassion

**Academic Programmes**

- University Diploma in Psychosocial Counselling
- Diploma in Clinical Medicine (Generic)
- Diploma in Clinical Medicine (Upgrading)
- Bachelor of Science in Clinical Medicine - Mental Health (Upgrading)
- Bachelor of Science in Mental Health - Psychiatric Nursing (Upgrading)
- Bachelor of Science in Nursing and Midwifery
- Bachelor of Science in Psychotherapy

**Affiliation**

- MZUNI
- KUHeS
- UNIMA

**Accreditation**

- MCM
- NMCM

P.O. Box 744, Mzuzu, Malawi | +265 (0) 991 887 119 | collegehs@sjog.mw

We've been working with St John of God College to support students in training since 2015.

The college started in 2003, offering a diploma in psychosocial counselling for staff working with patients affected by HIV. Since then it has gradually increased its courses (and student intake) and now offers several more programmes. Students admitted to the college are recruited from all regions of the country on merit, regardless of their religious affiliation and tribe and the qualifications are awarded by the University of Malawi and Mzuzu University, which moderates the academic programmes. Today there is a college and clinic on the same campus.

The clinical observership partnership enables the university to increase capacity and financial support to students, as well as all our profits helping us to fundraise for our student community. SJOG is a private university. It is the only college in Malawi to train mental health workers. Generic courses including clinical medicine and registered nursing are also available here.

The clinical medicine programme is unique to resource limited settings. The diploma in clinical medicine is 3 years in duration. When finished, graduates staff missionary and rural health facilities where there are no doctors. In these areas they hold similar responsibilities to doctors. Clinical officers are seen as an investment in the health workforce because they are more likely to work in rural areas where there is limited access to healthcare.

As a private institution, tuition fees are higher at SJOG compared to public universities. Diploma level students are unable to obtain the government loan for tuition fee support and upkeep (due to eligibility and restrictions put in place to receive the government loan). As a result, students at this institution are vulnerable to dropping out of their courses.

# Observership Location



Photos from around the college and hospital / clinic campus.

# Accommodation & Meals



Accommodation is on site at St John of God College Guest House. This is a short walk from the classroom and teaching area and is housed in the clinic campus across the road from the college. There is security and a canteen available for all meals. Bedrooms are either twin or single rooms and are equipped with a mosquito net. There is a shared living area, toilet and shower room, and maintained kitchen for making own meals. Breakfasts and lunches will be obtained from the canteen. Dinners will be from the canteen or organised off site in Mzuzu town by visiting other restaurants and lodges.

*Right:* Communal living area

*Below:* Shared kitchen

*Bottom right:* Toilet & shower



# Accommodation & Meals

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*Left:* Twin room

All rooms contain bedding, mosquito net, wardrobe and/or small desk / bedside unit.

*Right:* Single room



*Left:* Canteen, providing cooked meals at breakfast, lunch and dinner.



# Itinerary

**Trip 1**  
Friday 11<sup>th</sup> April  
-  
Sunday 27<sup>th</sup> April

**Trip 2**  
Friday 18<sup>th</sup> July  
-  
Sunday 3<sup>rd</sup> August

**Trip 3**  
Friday 1<sup>st</sup> August  
-  
Sunday 17<sup>th</sup> August

Date	Activity
<b>Friday</b>	Leave Heathrow (night flight) on Ethiopian Airlines at 21.00
<b>Saturday</b>	Arrive in Lilongwe (around 2pm), stay overnight at Korea Garden Lodge
<b>Sunday</b>	Take the coach from Lilongwe to Mzuzu (approximately 6 hours), stay at St John of God guest house
<b>Monday</b>	Orientation at St John of God College & classroom teaching
<b>Tuesday</b>	Classroom teaching (with clinical officers or nursing students)
<b>Wednesday</b>	Classroom teaching morning & bedside teaching at Mzuzu central hospital in the afternoon with practical skills
<b>Thursday</b>	School visit in collaboration with Medic to Medic alumni and students
<b>Friday</b>	Classroom teaching. Leave for Nkhata Bay in the afternoon
<b>Saturday</b>	Nkhata Bay Lake activities (snorkelling, paddle boarding, boat trips)
<b>Sunday</b>	Nkhata Bay Lake activities. Return to Mzuzu in the afternoon
<b>Monday</b>	School visit in collaboration with Medic to Medic alumni and students
<b>Tuesday</b>	Classroom teaching morning and bedside teaching at Mzuzu central hospital in the afternoon
<b>Wednesday</b>	Classroom teaching
<b>Thursday</b>	Travel from Mzuzu to Tongole lodge for safari.
<b>Friday</b>	Tongole lodge for safari AM, leave in the afternoon for Lilongwe.
<b>Saturday</b>	Leave Lilongwe.
<b>Sunday</b>	Arrive Heathrow (generally around 7am).

**\*\* Note** that some activities may change according to local timetables. Our expectation is that you will have a minimum of 2 bedside teaching sessions at Mzuzu Central Hospital and take part in 2 secondary school visits \*\*

If you would like to extend your trip – you can attend trip 2 and then join trip 3. Please discuss this with us if you would like to do this.

We aim for departures and arrivals to be at Heathrow – but availability with Ethiopian Airlines sometimes the only option is Gatwick.



# Group Leaders

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“I’m Tamsin, a British trained doctor and CEO of Medic to Medic. I have volunteered and worked in both Southern and Western Africa as a medical doctor. I have an urgent care fellowship. Professionally much of my time is based in New Zealand where I completed my postgraduate training. I will be coordinating the observership programme alongside the group leaders and our Malawian team on the ground. I’ve lived in Malawi 2.5 years cumulatively and can’t wait to introduce others to the warm heart of Africa!”

“I’m Gareth, a Scottish doctor with an interest in tropical medicine. I went on a medical elective to Malawi in 2019 which was an unforgettable and eye opening experience. It provided great exposure to practicing medicine in low income countries and motivated me to pursue work in low resource settings.

I’m currently working as an emergency registrar in Australia’s Northern Territory but looking to move to southern Africa in the coming year. Last year I completed a post graduate diploma in tropical medicine which gave some good background knowledge.

Medic to Medic is a fantastic charity that kindly sponsored a student I met whilst on elective after their scholarship fell through. If it wasn’t for Medic to Medic they may have had to drop out but have since graduated and started work! I’ve helped M2M with some fundraising campaigns but now looking forward to getting more involved as a group leader.”



# Group Leaders

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“I’m Benjamin, and I am a first year doctor at NHS Highland. My connection to Medic to Medic is through Chichewa lessons prior to an elective in Malawi 2023. There were lots of highlights from my time, including spending Christmas Day on the shores of Lake Malawi.

Connections made in Malawi have continued thanks to the wonder of WhatsApp and the internet, and my desire to return has led to you reading this bio.

Clinically, I encountered significant challenges in healthcare delivery and the remoteness of Nkhoma, despite its proximity to the capital.

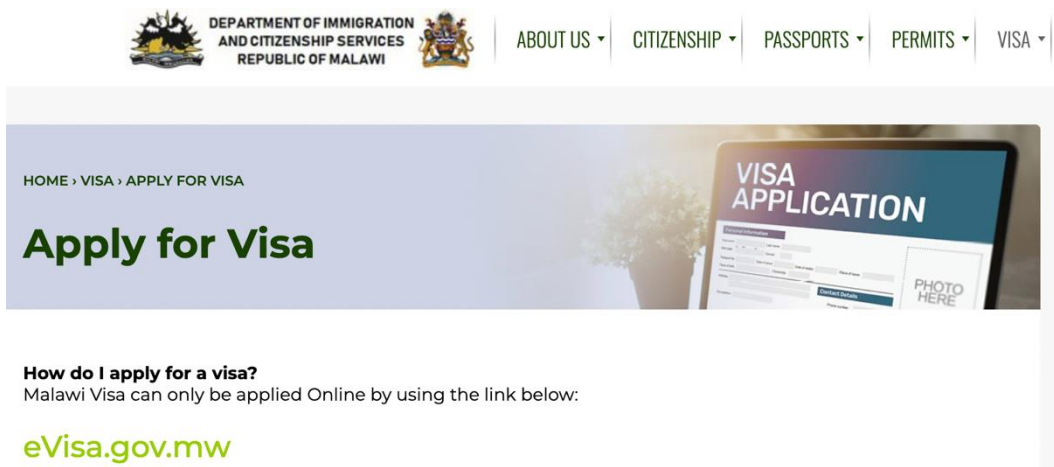
These experiences have deepened my understanding of the complexities of healthcare delivery in remote areas. Experiencing things far beyond your scope while also contributing to the provider is something I am passionate about.”

“I’m Alex, a British doctor working in West Africa as Regional Manager of Critical Care International (CCI). I oversee our medical clinics and community health projects in the region. I’m looking forward to volunteering with Medic to Medic as a group leader.”



# Malawi eVisa

As of August 2024, you do not need a visa to visit Malawi. This change has taken place in an effort to encourage tourism to the country. The rules may change again in the future. In which case applications can be paid for and obtained in advance via the eVisa website. Medic to Medic will make this application on your behalf. If the rules change at short notice, visa applications can be made on arrival – however, it means joining a slightly longer queue at the airport!



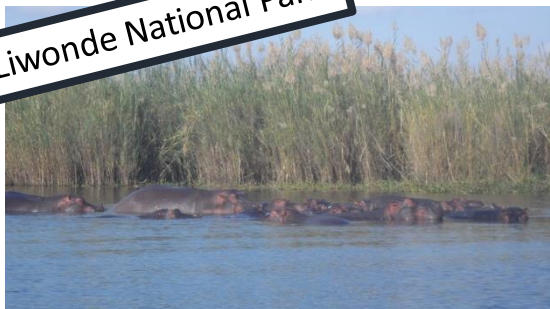
If you decide to stay a bit longer in Malawi, or for friends or relatives to meet you to do sightseeing after your clinical observership – let us know! Malawi is a safe country to travel in with some beautiful and unique sites! Some of our favourite spots are shown on the next page. We will return you to Lilongwe at the end of the observership and you can do your own travelling at your own expense. We will book your return flight according to your dates, but please let us know your plans when you pay for your first installment of your trip.





# Travelling in Malawi

## Liwonde National Park



Liwonde national park is known for its impressive density of elephant and hippo and is one of Malawi's favourite national parks. Commutable from Blantyre, but overnight stay would be required.



## Thyolo Tea Estate

Thyolo Tea Estates offer comfortable accommodation, tea tasting and mountain biking. It's possible to organize tours of the tea estates and purchase Malawi tea straight from the source!

### Other sites include:

- Nyika Plateau
- Majete Wildlife Reserve
- Likoma Island
- Monkey Bay
- Zomba Plateau

## Lake Malawi



Cape Maclear is a sandy beachside village with lots of accommodation to choose from and opportunities for swimming, snorkeling, diving, fishing and boat trips. Commutable from Blantyre, but overnight stay would be required. In the north Nkhata Bay is a beautiful area on the lake offering multiple opportunities for relaxation and is day trip-able from Mzuzu.

## Dedza Pottery



Dedza Pottery is approximately 1 hour from Lilongwe, a beautiful spot to relax or be creative and buy pottery from Malawi.

Mount Mulanje is the highest peak in central Africa at 3,002m. There are a range of day hiking, or overnight hiking options available. Contact Emmanuel on +265 991 41 57 92. Day trip-able from Blantyre.

## Mulanje Mountain



# Kit List Suggestions

## Clothing and Shoes

- PJ's
- Shoes → trainers, placement shoes, flip flops / jandels, comfortable shoes.
- Clothes – Malawi is mostly warm and hot, so loose clothing with long sleeves for the evening to prevent mosquito bites is preferable. T-shirts and shorts are also acceptable. June – August in the north is generally cold. Take a jumper or two to be safe. Malawi is a generally conservative country for dressing.
- Underwear.
- Exercise gear.
- Swimwear.
- Rain jacket / umbrella.
- Sunglasses & sun hat.
- Playing cards.
- Book / Kindle.

## Recreational

- Smart placement clothes.
- There will be scrubs and white coats available to borrow for bedside teaching at the hospital.

## Placement items

- Antimalarials, pain killers, diarrhoea relief and rehydration sachets.
- Regular medication (if you are on any) – keep this in hand luggage in case your bags are delayed.
- Personal first aid kit
- Toiletries such as suncream, insect repellent. (Shampoo, soap and toothpaste can all be purchased locally if you are short on space).
- Contact lenses &/or glasses
- Towel

## Electricals

- Torch with spare batteries (Malawi is prone to blackouts).
- Power bank to charge electricals when power off.
- Adapter – Malawi uses the UK 3 pin plug – you shouldn't need any adapters.
- Phone & charger.
- Tablet &/or Laptop & charger (if desired).

## Practical Stuff

- USD or GBP cash for changing money
- Visa / ATM card – please check with your bank regarding charges. Should you need additional cash in Malawi, you can pay Medic to Medic in GBP via bank transfer and then we can withdraw the equivalent in MK from our bank, but be aware this will take time for processing and logistics and will generally only be recommended for emergencies.
- Passport.
- Yellow Fever Certificate – though Malawi is not traditionally at risk of YF, you may be asked for this at the airport on arrival. Take advice from a travel health specialist and travel with an exemption letter if you decide not to get the vaccination.



# Pre departure preparation

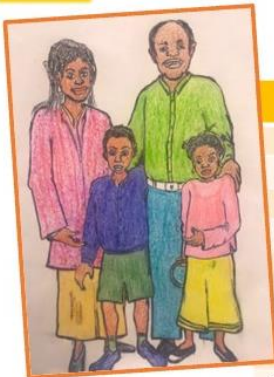
You will have 4 Chichewa language lessons before you travel to Malawi. Chichewa is the most widely spoken local language. These are taught by one of the Medic to Medic students in Malawi. Lessons are taught over Zoom. You will be given a Chichewa / Chiyao / Tumbuka English translation leaflet before you leave to consolidate your learning. We will send the audiofile of translations so you can practice your pronunciation. We also send you an e-book with more comprehensive translations should you wish to expand your knowledge.

## Language Lessons

In Malawi, it goes a long way to greet people in Chichewa. Do this at the start of every conversation. Even if that's all you learn this will be appreciated by those around you.



## Chichewa, Chiyao, English medical vocabulary



### Chichewa Chiyao

Greetings		
Hello	Moni	Wawa / Sikomo
Good morning	Mwadzuka bwanji	Adyimwiche uli?
Good afternoon	Mwaswera bwanji?	Aswelele uli?
How are you?	Muli bwanji?	Ali uli?
My name is..	Dzina langa ndi...	Une lina lyangu a...
I am Dr...	Ine ndi Dr....	Une Dr...
What is your name?	Dzina lanu ndi ndani?	Lina lyenu wani?
Who is this with you?	Mwabwera ndi ndani?	Wali nawowa wani?

## Meet & Greet

There are 5-6 spaces per trip. You will be linked together in a WhatsApp group before you leave so you can get to know everyone. We will do some cultural preparation within these groups before you arrive.

## Tropical Medicine Lectures

We will arrange half a day of tropical medicine teaching before you arrive to Malawi. Lectures are given over Zoom by our graduate community in Malawi who are working alongside these conditions and diseases everyday. This teaching is aimed at helping you to gain some basic knowledge before you arrive so that you can make the most of the experience and exposure you get in Malawi. It also gives our graduates in Malawi opportunities to develop their teaching skills as well.



# Travel Medicine

It is our expectation that you will take responsibility to ensure your own travel medicine appointment before travelling to Malawi. It is recommended that you give at least 12 weeks notice of your appointment before travel to ensure there is enough time for vaccinations. Fit for travel gives some useful information.

What do I need to know before I travel?

**fit for travel**  
Information on how to stay safe and healthy abroad. [About us.](#)

Public Health Scotland NHS SCOTLAND

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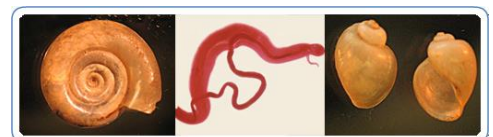
## ***You will require:***

- Malaria prophylaxis
- Tetanus Up to Date
- ACWY Meningitis Vaccination
- Measles Vaccination
- Hepatitis A & Hepatitis B
- Typhoid
- Diphtheria
- Polio
- Covid-19 / Flu (if eligible)

## ***Consider:***

- Rabies
- Cholera
- Yellow fever vaccination

Schistosomiasis is endemic in Lake Malawi, consider investigation or presumptive treatment on return home.



# Useful Information

## Exchange Rates

There is ongoing devaluation of the Malawi Kwacha. At the time of writing (August 2024), the exchange rate is roughly 2230 MK = 1GBP. We can help you change money when you arrive.

Malawi is known as the *Warm Heart of Africa*

## Safety

due to its friendly and welcoming people. We have never encountered any personal threats and crime that occurs tends to be opportunistic. Be mindful of petty thefts, don't walk out at night time and be sensible (like you would in your home country). If something makes you feel unsafe listen to your gut. We do not recommend using public transport – there are no seat belts in local minibuses and a high number of accidents.

Times are incredibly hard in Malawi. Covid-19 hit the country economically, ongoing devaluation, the worst cholera epidemic in 20 years and Cyclone Freddy has left many people suffering. Malawi is one of the poorest countries in the world and this isn't going to change any time soon. You will be asked to help people with school fees. Be empathetic to people's problems (they have to take opportunities where they see them) but don't get weighed down in solving everyone's financial poverty. Use your discretion. Give fair prices for curios and in the marketplace – this is charity with dignity – but, don't let yourself get taken advantage of!

## Give Blood



There is always a need for blood in Malawi. High incidence of anaemia, nutritional deficiencies and HIV mean that there are few people who can donate. When you are in Malawi, consider donating blood. We can help you organise this.

## Poverty



# Observership Fees

## This includes:

- Return Air fare (London Heathrow / Gatwick – Lilongwe)
- Airport pick up & drop off in Malawi
- Transport to Mzuzu from Lilongwe
- Accommodation & all meals
- College & hospital hosting fee
- Malawi Medical Council registration
- Pre-departure preparation (4 language lessons & basic tropical medicine tutorials over Zoom)
- Group Leader
- Return de-brief / support
- Local SIM card & data bundles
- Sightseeing visit to Nkhata Bay, Lake Malawi (middle weekend) and Tongole safari lodge.
- Carbon offset – tree planting

2 weeks  
£3000  
(All inclusive)

## This **DOES NOT** include:

- Travel Health Appointment and any vaccinations that you may require
- Spending money
- Travel Insurance

Please see the FAQ section of this leaflet regarding refund / cancellation.

## Timeline for payments:

1. 10% deposit to hold your place £300
2. 40% first installment £1200 due 31<sup>st</sup> December 2024
3. 50% second installment £1500 due 28<sup>th</sup> February 2025

We can give you our fundraising information leaflet if you would like to fundraise to cover your costs.



## Medic to Medic Clinical Observership Next of Kin Permission Form

Name of Student	
Email Address	
Contact Number	
Next of Kin Name	
Relationship	
Email address of next of kin	
Number of next of kin	

To be filled out by Next of Kin:

I confirm that \_\_\_\_\_ will be 17 years of age (or older) at the time of travel.

I delegate Medic to Medic to act in \_\_\_\_\_'s best interests in the event of any medical emergency where I am not immediately contactable by telephone.

I am aware that I will need to pay for a change of ticket if \_\_\_\_\_'s behaviour is unsafe or falls below the expected standard.

I have read the timeline of expected payments and the cancellation conditions (shown below) and confirm that I have understood these conditions and am able to make the scheduled payments.

Signed:

Date:

Printed:

{We hope that you will not need to cancel your clinical observership, but we understand that situations can arise that are beyond your control; e.g. family emergency. In such instances, we will try to accommodate an alternative or change in dates. There are certain expenses that are paid for in advance (such as accommodation, flight). As soon as funds are transferred to Malawi, it is very difficult to issue funds in your home country. Please ensure that you have adequate travel insurance to cover the cancellation of your clinical observership. We are unable to perform a refund once your fee has been transferred internationally. In the circumstances where the foreign and commonwealth office change their travel advice and advises against all travel to Malawi, after you have booked your observership and paid your fee, or should Medic to Medic have to cancel your observership for any reason, and should alternative dates not be possible, this will be escalated to the board of trustees where refunds will be considered on a case by case basis. We are not for profit and all funds raised by our observership programme support Malawian students}.

### Medic to Medic emergency number

- Tamsin Lillie +265 (0)98 134 5409 – WhatsApp
- info@medictomedic.org.uk
- You will be given the name of the group leader responsible for the trip before you arrive in Malawi – you are welcome to share this number (and the details above) with your relatives in case of problems. Be aware that Tamsin is sometimes in different time zones or be on shifts at the hospital (including night shifts) and may not reply immediately. If your message is urgent, please WhatsApp **\*Urgent\*** at the start of the message and this will alert Tamsin to respond quickly once the message is seen.

## Medic to Medic Medical Declaration Form

All the information collated in this form is to ensure that in the unlikely event of a medical incident during which you may not be able to communicate your medical history, we are able to give the necessary information to a health care provider to ensure you are safely cared for. This information will be kept confidential between Medic to Medic group leaders and not shared with other parties unless absolutely necessary. Please ensure this is counter signed by your parent or guardian to ensure that the information is complete. We may follow up with you for further details.

Name of student:

Date of birth:

Do you have any significant health problems for which you see a health care provider regularly?

Have you ever been admitted to hospital? If yes, please detail the dates and the diagnosis.

Do you have any drug / food / insect allergies? If so, please let us know what allergies and what the reaction is.

Do you have any dietary requirements? If yes, please document what these are.

Do you take any regular medication? If so, please list the names & doses:

Do you take any "as required" medication? If so, please list the names & doses:

What malaria prophylaxis will you be taking? (Please inform us before departure if you have not yet arranged this).

Please send us a copy of your vaccination history before departure.

Signed:

Printed:

Signed (parent or guardian):

Printed:

Date:

**By signing this form you are ensuring that this information is accurate to the best of your knowledge.**



## Guidance for your clinical observership in Malawi

We hope you have an enjoyable time on your clinical observership in Malawi. No part of travelling will be completely risk free! The following recommendations have been put together by the Medic to Medic trustees in an attempt to provide guidance on how to make your experience as safe as possible. We ask that you sign the document and return to us so we have a record that this information has been received. Your group leader will oversee the clinical observership.

### Transportation

Road traffic accidents are a common occurrence in Malawi. We suggest:

- You do not travel by local minibus. These buses are often overcrowded, with no seat belts and many will have a poor safety standard of vehicle.
- Travel in a serviced vehicle with a taxi driver that has seat belts.
- Travel long distances in daylight hours.
- Travel with a charged phone and prepaid airtime so you are able to contact someone in case of accident or injury.
- Tell others of your travel plans and when you are setting off and arriving (you can use your group leader to do this)

### General safety

Malawi is one of the poorest countries in the world and petty theft is often opportunistic when people have fallen on hard times. Organised crime is few and far between. Medic to Medic suggests:

- Lock away valuables wherever possible.
- Take care when using ATM's and withdrawing large sums of money.
- Keep money split between different wallets.
- Consider obtaining a prepaid ATM card for use overseas, some companies include currensea, Revolut and Monzo. This will help avoid bringing large sums of cash in to the country to look after for the duration of your travel.
- Keep valuables out of sight.
- Do not walk around streets at night time.
- Go to social events with other people.
- Dress codes – Malawi is generally a conservative country. Most women keep their legs covered below the knee and shoulders covered. Whilst this is not always the expectation for visitors, be mindful that people may stare and look at you if a lot of skin is exposed. Around the lake swimwear is more acceptable but also be mindful that swimwear is not readily available in Malawi and most people will wear shorts and t-shirts to swim.
- Crocodiles are found in Lake Malawi. Seek advice from locals prior to swimming. Cape Maclear and Nkhata Bay are generally safe but please seek advice as isolated incidents may occur.

## Health considerations

Like most of sub-Saharan Africa, Malawi is prone to infectious disease and epidemic outbreaks. Medic to Medic suggests:

- Obtain a travel health appointment within good time prior to travel
- Follow needle stick injury guidelines at the local health facility
- Most health facilities have post exposure prophylaxis readily available in case of occupational exposure to infectious disease.
- Obtain malaria prophylaxis
- Do not pat stray dogs
- Drink bottled water
- Avoid street food, unless cooked thoroughly
- If you have seen a clinical case or situation that has affected you, please seek an opportunity to debrief with your group leader
- Please obtain travel insurance which includes medical evacuation
- Consider purchasing praziquantel prior to departure from Malawi for presumptive treatment of schistosomiasis. Schistosomiasis is endemic around Lake Malawi. Even if you do not travel to the lake some areas will use lake water for showers and flushing toilets.

## Social media considerations

We're sure many of you will want to share your time with your friends and followers on social media. Be mindful of which images you post on social media, particularly if patients are included. The general rule to keep in mind is if it is not considered appropriate in your home country, you should not be doing so when on observership. Please ask permission from staff, patients, and their guardians before you take photos. Consent is complex in populations with low levels of education.

If you have a problem or concern with your Medic to Medic observership, please discuss these with the team before posting negative comments on social media. Please be aware that when you are posting about your observership on social media, you are also representing Medic to Medic. At times it may be necessary to use a disclaimer such as *"the views expressed here are my own and don't necessarily represent Medic to Medic"*. Be careful with your privacy online and be cautious when sharing personal information. Published posts are widely accessible and will be around for a long time, so do consider content carefully. We encourage you to share posts that Medic to Medic social media pages have issued. Additionally, if you are happy for us to share images and stories from your observership, please do share them with us.

I acknowledge the above recommendations.

Signed: \_\_\_\_\_ Printed: \_\_\_\_\_

Dated: \_\_\_\_\_

## Frequently Asked Questions – Observerships

### ***My passport has been lost / stolen what do I do?***

If your passport has been stolen, it may be necessary to report it to the local police station to get a crime / incident report (the group leader can help you do this). Ensure you have an electronic or paper copy of your passport page. It will be necessary to contact your embassy to get a replacement or temporary passport / travel document and then follow up with immigration in Malawi for a replacement stamp / visa.

### ***I need to renew my visa, how do I do that?***

Most visas for Malawi enable tourists to stay in Malawi for up to 90 days. Therefore it is very unlikely that you will need to renew your visa whilst you are on your clinical observership. However, if you intend to stay longer in Malawi to do some travelling, it is necessary to get a stamp every month at immigration to validate your existing visa. This is free to do, but you will need to make sure you go in good time. Be aware most government offices take two hour lunchbreaks. We would recommend that you do this on a weekday, before it is due and first thing in the morning to avoid delays.

### ***What do I do if someone asks me to do something that I'm not comfortable doing due to my experience levels?***

You should always listen to your gut. It's there for a reason. As a pre-university student you will not be expected to take any clinical responsibility or do any practical procedures (such as taking blood). You may feel very enthusiastic when working in a developing country, but you should not practice outside of your competencies. If you do not feel comfortable, then explain to the health worker that you are working with that you are unable to perform the procedure and ask if they could show you / explain how to do it first. If you are being pushed into something that you do not feel comfortable with then discuss this with your group leader who will be able to support you with how to manage the situation.

### ***What do I do if there is a natural disaster / Cyclone during the rainy season?***

Malawi is prone to climate injustice. The climate is variable leading to prolonged droughts as well as extreme rains. Cyclone Freddy in Blantyre during March 2023 caused widespread devastation with over 1000 deaths including a valued member of the Medic to Medic team. If you have concerns about the safety of any building during the rainy season, we would recommend getting to a hotel. In Mzuzu, Sunbird Mzuzu would be our recommendation. Your group leader will lead and advise you in the unfortunate event such a situation should occur.

### ***What do I do if I get a needlestick injury / body fluids in my eye?***

Each of the health facilities has a protocol in place for needle stick injuries. Report this as soon as possible. Follow immediate first aid procedures including washing / bleeding the wound, washing it thoroughly with soap and water. As pre-university students you are not expected to do any procedures (such as taking blood) which will reduce your risk of any occupational exposure to infectious disease.

## Frequently Asked Questions – Observerships

### ***I have experienced inappropriate remarks from staff / patients, how should I deal with this?***

Most Malawians are very friendly. It is important to understand the context in which comments / remarks are made. Again, listen to your gut. If you feel unsafe, make sure you leave the situation and go to a place of safety. If you need to discuss an incident with anyone, please do so with your group leader. They will be able to help guide you. You can message Tamsin at any time for advice.

### ***I am not feeling well, where should I go and what should I do?***

You should alert your group leader that you are not feeling well. They will accompany you to a clinic for assessment and treatment. Whilst all our group leaders are doctors, their role is not to assess your medical needs if you become sick, but act as an advocate for you. Please ensure that you have sent us your travel insurance details before you arrive so we have these on file in the unfortunate event that these may need to be used.

### ***People have approached me asking for money for their siblings / children's school fees as they think I have lots of money, how best can I respond to them?***

Life in Malawi is hard. There is a huge amount of apathy in Malawi, which is a sign of poverty and lack of freedom. Be sympathetic to people's requests, they have to take opportunities where they see them. However, do not feel pressured to solve everyone's financial challenges. Explain to people that you are a student yourself and do not have any extra money. However, if you would like to help someone and need advice about it, we recommend discussing this with your group leader or Tamsin directly. If you receive requests from Medic to Medic students, or any staff please let us know.

### ***How often will the group leader be with us?***

The group leader will supervise all the clinical observership activities, help with logistics on the ground and arranging bedside teaching. They are responsible for the observership and it is important that you listen to them and follow all guidance. They will be staying in the same accommodation as you but will not be with you the whole time – sometimes they will be organizing events and activities for the next day whilst you are doing other activities.

### ***How do I get a sim card in Malawi?***

In Malawi there are two network providers – Airtel and TNM. Airtel is multinational. It tends to be more reliable and has better coverage, but is a bit more expensive compared to TNM. TNM (Telecom Network Malawi) has less coverage in rural areas, but is cheaper to run. Through both network providers you can buy bundles for data, voice or text messages. It's also possible to use Mobile Money using your sim card. Airtel Money and Mphamba (the TNM equivalent) you can load money on to your mobile money account and then withdraw it via an agent (it works a bit like an ATM). This helps you keep money safe without needing large quantities of cash. You can also send money to others using the mobile money account. Be aware there are small transactional fees everytime you use Mobile Money. We will give you a SIM card when you arrive with a 65GB data bundle. Please return it to your group leader at the end.

## Frequently Asked Questions – Observerships

### ***How do I change money in Malawi?***

Cash can be changed at foreign exchange counters in the cities. The most common foreign exchange currencies are Pounds, USD, Euros, South African Rand and Japanese Yen. It will be possible to change money at the airport – but their rates are normally very high compared to the centers in town. We would recommend changing a small amount at the airport on arrival (so you have some spare) and then changing more in town. Your group leader will help you do this.

Medic to Medic has foreign currency accounts and local kwacha accounts in Malawi. If you do not bring out enough money in cash with you, we will be able to get cash to you via our operational accounts if you are in difficulty.

We recommend taking a VISA ATM card. Mastercard is also available in the commercial centers. ATM cards can be expensive to use. You will often get charged the exchange rate and a transaction fee. The maximum you can withdraw at any time is 200,000 MK (£80). The charges can be as much as £8 which often makes this an expensive option.

### ***How much should I budget?***

Local meals in Malawi cost between 1,500 - 2,500 MK (£1.50 - 2). Local meals consist of rice, nsima (maize flour), chips, soya, fish or relish. A burger and chips or rice curry would cost in the region of 12,000 MK (£8). Milkshakes cost around 2,500 – 5,000 MK (£2 – 4). All your meals are budgeted in your clinical observership fee.

### ***Can I use public transport?***

The public transport in Malawi consists of local minibuses or larger coach companies or pick up trucks. Larger coach companies have a better safety record, they normally all have seat belts. The local mini buses are unsafe. There are no seat belts and generally overcrowded. Malawi roads are generally in poor condition and pot holed, making even the safest car prone to some accidents. While public transportation can be an experience, Medic to Medic does not recommend you use local minibuses, buses or motorbikes. The fatality rates during road traffic accidents is high. Should you use them, you will be doing so at your own risk.

### ***I would like to get involved with Medic to Medic after my observership. How can I do this?***

We hope that you have an enjoyable time on your clinical observership and hope that it is a fruitful experience! Your fees help with the operational costs of our organisation in Malawi and also help support our student community in Malawi. We are very grateful to you! If you would like to get involved in our organisation afterwards, we would welcome this! Let us know how you may want to get involved.

## Frequently Asked Questions – Observerships

### ***What happens if I need to cancel my observership? Do I get a refund?***

We hope that you will not need to cancel your observership, but we understand that situations can arise that are beyond your control, e.g. family emergency. In such instances, we will try to accommodate an alternative or a change of dates. There are certain expenses that are paid for in advance (such as accommodation, medical council registration). As soon as funds are transferred to Malawi, it is very difficult to issue refunds in your home country. We require full payment within 6 weeks of your departure in order to ensure smooth payment of expenses and international transfers to Malawi.

Please ensure you have adequate travel insurance to cover the cancellation of your observership. We are unable to perform a refund once your fee has been transferred internationally. In the circumstances where the Foreign and Commonwealth Office change their travel advice and advises against all travel to Malawi, after you have booked your observership and paid your fee, or should Medic to Medic have to cancel your observership for any reason, and should alternative dates not be possible, this will be escalated to the board of trustees where refunds will be considered on a case by case basis. We are not-for-profit and all funds raised by our observership programme support Malawian students.

# Interested? Next Steps

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Email Medic to Medic on: [info@medictomedic.org.uk](mailto:info@medictomedic.org.uk)

- Put in the subject header “Observership Application”
- Within the email state your name, address, observership dates.

We will get back to you to arrange a Zoom meeting with you & your parents / guardian shortly after this at a mutually convenient time to discuss what is involved. Spaces are limited during these clinical observerships to ensure that you have a meaningful experience (only 5-6 spaces per trip).

Following this, if we can accommodate you, we will send you a confirmation letter and an invoice. The timeline for the payment will be outlined on the invoice. A 10% deposit will be required to hold your space, 40% first installment is due 6 months before travel and 50% second installment is due 2 months before travel.

We will require the following information from you:

- Copy of your passport
- Scanned passport photos
- Next of Kin Form returned & signed by your parents
- Medical declaration form returned & signed
- Guidance for your observership form signed and returned
- Copy of your vaccination records (this will be kept confidential and help us to give accurate information to a healthcare provider should you become unwell whilst you are overseas)
- Travel insurance details (must include medical evacuation)

Despite the best planning and organization, observerships don't always go as planned. Sometimes this leads to something better than you expected. Be flexible, go with the flow and you won't be disappointed!

