



Medical Programs

Linthipi Health Center



Health Center to Fill the Gap



It is a tiny dot on a world map, yet 16 million people live here, most in traditional thatched roof villages. It is a beautiful, fertile land, recognized as one of the most pro-western nations in Africa. The people have a marked absence of military conflict, and yet they struggle from lack of natural resources. This leaves them in a vacuum in world commerce, and near the bottom of the world's economic ladder in trade and income. The lack of capital, and economic clout filters to every venue of life, including health-care.

High mountainous areas south of the capital straddle the border between Malawi and Mozambique. The 20-year civil war in Mozambique, and the lack of medical care near the border, has opened the door to a huge influx of people into Malawi for health-care.

The Dedza District Hospital opened in 1975, and by 1987 the population reached 411,787. In 1998 it was 486,682, and by 2008 it increased to 624,445. In recent years the need for medical care has ballooned from across the border, and today Dedza District, estimates 40% of the people currently being treated are from Mozambique.

While the government lacks resources to extend health-care, this same lack of capital creates a pincer from the user side. In 2011 Unicef estimated 74% of the population was below the international poverty line of U.S. \$1.25 per day. In Mozambique the number below the poverty level is 60%. Neither side has funds to pay for services, medicine and supplies.

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The Malawi Project



The health-care establishment is working against impossible odds to combat extremely high malaria rates, a disastrous HIV/AIDS epidemic, and an alarming percentage of patients with tuberculosis, pneumonia, and other illnesses, accidents, and diseases. (UN statistics indicate malaria accounts for 34% of all outpatient visits, 40% of the hospital stays, and 40% of all deaths. 174/100,000 are suffering with Tuberculosis, and 10.6% of the Malawi population is positive with HIV/AIDS. 33% of adults 25 – 64 suffer from hypertension, and 5.6% are diabetic. 5,000 new cases of cancer are recognized each year. In 2013 the infant mortality rate was 76.98 per 1,000 births. This compares with 5.90 in the U.S, and 2.73 in Sweden.)

In this area the village people are among the poorest in Malawi, and almost no one has a motorized vehicle to reach the district hospital. A long, winding, pothole filled, road winds through the foothills, offering the only access to the main road, and the nearest hospital. The only transportation is the bed of an ox-cart, back of a bicycle, or by walking. For women about to deliver, and for those suffering serious injuries, the distance is just too great. As though this

were not enough, there is a good chance the hospital will be out of supplies when they arrive.

Villagers Do Their Part

A group of Malawians led by Mama C.T. Kadzamira, known as the Mother of Malawi, formed the Dzidalire Community Development Group, to fill the gap. They will create self-help programs so the people can make a living, and oversee the medical facility. Tribal Authority has given land. The village people have made 100,000 bricks, and carved a road to the hospital site, both by hand. They have planted thousands of tree seedlings throughout the area.

The Malawi Project prepared marketing material for the Dzidalire Group, and donated funds for a maize mill. The Project has sent the equipment, beds, and supplies for the new medical center.

Your Help is Critical

Needed are funds to construct the building. The overall cost is \$140,000.00, part of which has already been acquired. Your help can insure the remaining.

There are two ways to contribute. One is by check to the Malawi Project, and sent to the address below.

The second is on line at: www.malawiproject.org and click on the contribution button in the upper right.

The Malawi Project

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