

Amos's story



Rectal Artesunate in Nchelenge, Zambia by Damien Schumann 20/4/2023

Image credit: Damien Schumann/MMV

As the summer rains approach the Nchelenge District of Zambia, the community is equally aware of the benefits water provides, and the breeding ground for malaria-carrying mosquitoes it creates. As a community health care worker puts it, 'Life, and death revolve around water here.'

Amos, a young child with malaria, arrived at the hospital in the district of Nchelenge, St Paul's Hospital, severely ill and strapped to his father's back. Amos' father had walked to the hospital from their home in Mulumba Village, which is an hour away on foot.

Some families are not as fortunate. The furthest communities from St Paul's live 35km away, where the only possible transfer is by motorbike taxi. The transfer costs 50 Kwacha, about 10% of the average monthly household income. For these families, a hospital may be out of reach, due to lack of transportation (particularly due to flooding during the rainy season), challenging infrastructure, low availability of services, security concerns or cost.

Amos's mother, Beatrice Mutobola, has lost count of the number of times malaria has affected their family. For numerous days each year she or her husband have had to abandon their farms and income generation to make the trip to St Paul's Hospital with whichever of their children has most recently been infected.

Beatrice reflects on her experience this time. "The trip was significantly less complicated than usual" she says. So, I ask, what was done that was different from usual? "Amos was very weak and could not eat." she explained, "So the community health worker inserted a medicine into his anus which made him healthier before we left for the hospital."

The medicine Amos received was rectal artesunate, a 'pre-referral' intervention used to buy time for patients living in rural communities to reach higher-level healthcare facilities. Once at the facility, patients receive intravenous treatment and follow-up care.

When Amos arrived at St. Paul's hospital, he received injectable artesunate intravenously and was given artemisinin-based combination therapies (oral medicine) to clear his infection.

Amos is now back home, playing in the yard as the story is relived. Silhouettes of the dancing children break the evening light, that pushes through and glimmers off the stagnant water in the irrigation canals. Today, thankfully there was more life around water than death.

Daisy's story



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Image credit: Damien Schumann/MMV

Daisy Musambachime had a vision fifteen years ago that she wanted to help people in society by becoming a community health worker (CHW). Today she serves 2,500 people in the 3km radius Mulumba district.

“The biggest challenge I’ve encountered in my career as a CHW is that people in our society lack an understanding of the importance of making the journey to a hospital to receive care.” Daisy says.

In Daisy’s role as a CHW, she can diagnose and treat most children—those who have the symptoms of uncomplicated malaria. In some cases, though, children are severely ill and need to make the journey to a higher-level healthcare facility.

The district's web of dirt roads is eroded from the seasonal rains, making access to hospitals challenging. Daisy suggests to the families of severe malaria patients that they make the trip to St Paul’s Hospital by bicycle taxi—usually, the parent holding their sick child on a makeshift seat above the back wheel as they navigate the eroded roads. This is the best value for money transport in the area. Most consider the risk of an accident justified by the short timeframe to treat severe malaria.

Daisy has had to deal with every complication under the sun from their understocked and understaffed community clinic. Yet she rates reducing the travel time to the hospital as the most critical element in treating malaria, as so often valuable hours have been lost due to transport delays.

This is why Daisy is very excited about an innovation that is shortening the bridge between community clinics and hospitals, making the transfer to adequate health care less deadly. Artesunate rectal capsules temporarily calm the infection and buy valuable hours to make the journey from a rural setting to the hospital where the patient can receive further treatment. Patients that have received the intervention arrive at the hospital in better condition, reducing the risk of complications and increasing the probability of survival.

Today Daisy is a prominent figure in her community. It is clear by the way people respond to her as she walks the dusty streets with her medical bag over her shoulder. She receives looks of appreciation from passers-by in Mulumba district.