Official handover of 500 miles' prosthetic and orthotic service in Lilongwe

On 31st March 2025, 16 years after it first opened, 500 miles officially handed over its flagship prosthetic and orthotic service in Lilongwe to the Malawi Ministry of Health (MoH) as a sustainable part of the country's national health service - with a promise of substantial ongoing support. We held a celebratory lunch on Friday 28th March.

(1) Linda Dembo CEO of MaSP and Benadeta Singini, Head of the Prosthetics and Orthotics Department at LION – (2) Samson Munthali, Head of Rehabilitation at LION and Joel Chisite, Head of Rehabilitation at the Ministry of Health – (3) Dr Enock Lunzu, Director of Kamuzu Central Hospital, Olivia Giles, CEO of 500 miles, Linda Dembo and George Chipiko, Head of KODO in Salima.

500 miles started its work in Malawi in a 90 sqm building made of 3 seagoing containers erected in the grounds of Kamuzu Central Hospital (KCH), with a staff of two clinicians lent by the MoH from Queen Elizabeth Central Hospital - but the service has come a long way since then.

It expanded into a bigger kit building at KCH in September 2010, but in January 2024, the rehabilitation building at the Lilongwe Institute of Orthopaedics and Neurosurgery (LION) became its new, purpose built, state of the art, spacious home where the service is now part of a comprehensive, integrated multi-disciplinary orthopaedic service. On the training side, 500 miles has repaid MoH for the loan of the staff from QECH by sponsoring 3 international degrees and 10 international diplomas for Malawians and the service has dispensed over 16,000 devices to a register of over 10,000 patients.

That's the top line on what has been achieved and I am very optimistic about the long-term future of the prosthetic and orthotic service at LION - but the last 17 years have not been without challenges. There have been periods of despair and confusion about where we have gone wrong, as well as moments of great joy and satisfaction. These are perhaps the most incisive and interesting questions that I think I have been asked by friends, family and people in the Scotland Malawi network who have been watching and supporting 500 miles' work in Malawi from the beginning.

Why are you handing over this prosthetic and orthotic service now?

Because it is exactly the right time! It was always 500 miles' plan to create a prosthetic and orthotic service, to incubate it until it could stand on its own two feet and then to hand it over to Malawi to run itself – and the service is definitely at that stage – established in its wonderful new premises, staffed by a highly trained, competent team and manager, in high demand from a huge patient base, installed in a supportive environment at LION and bolstered by a full set of operating systems.



How do you feel?

Like a proud parent at graduation – thrilled to see what a fine and capable specimen my baby has grown into and very excited to watch it develop and achieve more – but quite relieved that it is actually going to be independent and self-sufficient, albeit that we'll obviously always still be there with ongoing financial help and advice – when asked!

Would you do it again? Was it worth it?

Of course! Firstly, because a genuinely viable and sustainable prosthetic and orthotic service is now a fully integrated part of the Malawi national health service - but mainly because, from our service in Lilongwe alone, 500 miles has fitted over 16,000 devices to over 10,000 people and even if they were not all 100% successful, we know we have improved the quality of life of a great number of people - including children who would not otherwise have been physically able to go to school and get an education, adults who would not otherwise have been able to do any kind of work and people who would not otherwise have been physically able to get out of their homes to socialise and participate in their communities. Pain free independent mobility is priceless but you only know that if you have never had it or lose it. I really understand the incomparable joy of getting it back. This is a story of Chisomo Tchayachaya, one of our patients who has also known that joy.

Chisomo is a regular at 500 miles. Her last visit was when she was 13 and in Grade 7 - but she was first brought to 500 miles when she was only 4. She is 11 in the middle photo.



Chisomo was born with congenital deformities that resulted in the amputation of her left leg through the tibia, and on the right side, through her knee. She was operated on in Dedza District Hospital and was later identified as needing prosthetics during an outreach carried out by an NGO called MACOHA (now MACODA) who referred her

family to 500 miles. Chisomo has received at least 8 pairs of prostheses at 500 miles and these have allowed her to attend school which is a km from her home.

Chisomo is very accustomed to her prostheses. She doesn't use crutches and on her last visit, she travelled alone to 500 miles from Dedza. She was happy to get her new legs because the old ones were tight and uncomfortable.

Chisomo is the eldest of a family of 3. Her siblings go to the same primary school. Her parents farm Irish potatoes for a living. Chisomo said that she wants to be a doctor when she grows up and with her prostheses, there is at least a chance of that.

Highlights?

- The completion of the first container building, erected by a team from Glasgow City Building led by Brian Kelly, a volunteer from the Lord Provost of Glasgow's office in September 2008.

- Every one of the 12 graduations of a Malawian student with a diploma or a degree in prosthetics and orthotics.

- The regular flow of videos of children taking their first steps on a new limb (click on the name to see the video).

Praise Mailosi – age 5

Sara Watson – age 6

Willy Banda – age 15

Trinity Harry – age 9

Lowlights?

- Despite written agreement with the then hospital directors to let us build in a particular place at an agreed time, when we moved to actually build, we were told we could not. Because we had no room for manoeuvre on timing and because the only alternative would have been to abandon the projects and suffer serious abortive costs, we had no choice other than to push through, with ministerial support.

- We have found it extremely difficult to have the students we have sponsored taken on by the MoH, despite written assurances. This has obviously impacted our budget as we have had to continue paying salaries for many years. And of course, the staff become disillusioned and there's a high risk of them leaving the profession. And it becomes harder for us to keep investing in new training for the profession in Malawi when we are the only ones honouring the agreement.

- Despite the fact that we pay staff at MoH rates and honour MoH allowance rates, our staff have consistently stolen both from us and from patients and it has been suggested to us, from all sides, that things would go more smoothly for us, if we would "assist" civil servants with "expenses".

Why is international development work so difficult?

I think that at bottom it is the inevitable conflict of very different cultures which can look at the very same scenario and see two entirely different sets of priorities, opportunities and challenges - and each be utterly oblivious to what the other is seeing. I think this manifests itself most strongly in a divergence of cultural communication styles - which often leads to a mis-match of expectations and then to disappointment and disillusionment. The number of times I have found myself saying "but that's not what we agreed" - when I should have been saying "I didn't realise that's what you meant!"

And it takes such a lot of energy and effort to achieve accurate communication and to maintain relationships, especially when you are working remotely and it is so expensive to travel to and stay in Malawi. You can mix oil and water as long as you keep shaking the jar but as soon as you put it down….

What do you mean by sustainable?

I feel that there is no point in an intervention that will not leave the host country better off **in the long term**. Soon after 500 miles opened its prosthetic and orthotic service in northern region of Malawi, we wondered why take up wasn't higher, so we carried out a survey asking patients of the service and outreach/sensitisation audiences what they saw as the barriers. Many of the suggestions we made were confirmed but in the "other" box the most common - and sickening - answer was along the lines of "it is better to do without something than to get used to having it and then not to be able to have it - this is what always happens with donors". A community is not empowered if it is left high and dry when donor priorities change or the money runs out.

So, by sustainable, I mean that the primary aim of any international development initiative must be for it to be able to carry on independently without (or at least with diminishing or minimal) charitable support. Therefore, I think that interventions should (1) be genuinely enabling - getting the hosts to do the doing themselves under both their own steam and their own direction, as soon as possible - rather than "doing for", (2) run for only as long as they really need to in order to achieve that – which could of course still be a long time, and (3) have a clear, if flexible, handover/exit plan.

Why do you think/hope that the prosthetic and orthotic service that 500 miles has handed over to Malawi is sustainable?

The service has been gradually but fully integrated and embedded into both (1) MoH and the Malawi national health service and (2) the comprehensive orthopaedic and rehabilitation facility at LION, of which prosthetics and orthotics is a crucial part. The staff are (or are about to be) employed by MoH and LION is run by the LION Trust which is a joint venture between MoH and a Norwegian consortium.

500 miles has installed a bespoke quality management system (QMS) which systematises every aspect of the product and service. The QMS will be constantly audited internally and externally so that any weakness in quality are picked up and resolved quickly.

500 miles will continue to provide reducing financial support contingent on production, quality and in-country income targets being met.

High quality clinicians are key to the longevity of the service. 500 miles' training programme will be ongoing after handover.