



Friends of Sick Children in Malawi



Thanks to the generosity
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The Kitchen Table Charities Trust

10 more children in Malawi who were born with severe mobility issues have been assessed and fitted with wheelchairs that address their particular needs.

If life for the average, 'healthy' Malawian child is poor then life for those with severe mobility problems can be dire. The consequences for the child and its family can be many and debilitating.

The Government of Malawi does not provide mobility aids.

Even if they could find them, most families would not be able to afford a mobility aid for their child.

Without a mobility aid the child cannot go to school and will have a very limited social life.

If the child cannot go to school, in most cases this restricts both parents from working therefore impacting the family income needed just to survive.

Without a mobility aid, like a wheelchair, parents and guardians carry the child on their backs. As the child grows the weight causes back problems for the adults....and so the above negative cycle continues.

In collaboration with Friends of Sick Children in Malawi, the prosthetics workshop at the Queen Elizabeth Central Hospital, Blantyre, Malawi has been developed to make wheelchairs, home chairs for tots and orthoses, each to meet the specific needs of those children fortunate enough to receive charitable funds to meet the cost.



Thokozani is 11 years old and lives with her parents in Mpita Village, Katuli in Mangochi district, Malawi.

Thokozani has Cerebral Palsy Spastic Quadriplegia and has delayed developmental milestones. She is epileptic and receives medication for that condition. Her mother has seen slight improvements as episodes of fits have become less frequent. She is incontinent, cannot sit without support, and has poor communication and coordination skills. She has no other medical conditions.

Maria was born 7 years ago and lives in Kambende Village, Sitola in Balaka district, Malawi.

Maria has Cerebral Palsy Spastic Quadriplegia secondary to Birth Asphyxia. She has episodes of mild fits for which she receives medication. She has delayed developmental milestones. She drools frequently and has poor communication and coordination skills.

She is incontinent. Her parents stopped taking her to physiotherapy clinic due to the cost and this disturbed the treatment plan for Maria. She has limited range of motion on both lower extremities due to tightness in some joints.



Raymond is from Machinjiri Village, Machinjiri in Blantyre district, Malawi and is just 5 years of age. He has never been to school due to his condition but envies his friends when he sees them going to school and leaving him behind. His parents are planning to enrol him once he receives a wheelchair.

Raymond has Cerebral Palsy secondary to premature birth. The mother had history of having high levels of sugar during pregnancy and delivered during the 8th month. He has unsteady movements which are seen when he tries to balance and he is incontinent. He has good coordination and communication skills. He has good range of motion though it is sometimes restricted due to spasticity. He has no history of pressure sores but he is at risk of developing them due to moisture and immobility.



This is 13 year old **William** from Symon Village, Ligowe, Neno, Malawi. There are four family members in the family and he is the second born child.

William has Cerebral Palsy secondary to birth complications. Physiotherapy sessions at Neno district hospital have helped with his development. He is incontinent but has good level of sensation and has had no history of pressure sores. He has good range of motion in the upper limbs but limited in his lower limbs due to tight muscles. He has postural deformity but is able to sit independently on our assessment bench.

Gerald is 11 years old and lives in Tsigulo Village, Mbenje in Nsanje district, Malawi. He is an only child. His father left his mother upon seeing that Gerald was disabled.

He has Cerebral Palsy Spastic Quadriplegia secondary to pre-mature birth and Jaundice.

During balance assessment, we found that he has reduced balance but can achieve neutral sitting posture.

He has good range of motion in all significant joints though restricted due to spasticity. He cannot control both bowel and bladder. He has no history of pressure sores but he is at risk of developing them due to moisture and immobility.



Joshua is 11 years old and comes from Fatima Village, Mbenje in Nsanje district, Malawi. He has never been to school due to his disabled condition. His parents are planning to enrol him during the next school session once he has received the mobility aid.

Joshua has Cerebral Palsy Quadriplegia following a difficult birth. He presented with significant muscle tone issues. He has squint eyes and drools frequently. He has delayed developmental milestones and is dependent for all activities of daily living. He cannot control both bowel and bladder. However, he has good communication and coordination skills and has had no pressure sores.



Patrick is 5 years of age and comes from Njobvu Village, Ngabu in Chikwawa district, Malawi. His family lives in a grass thatched house with narrow doorway but spacious enough to keep and allow wheelchair movements in it.

Patrick has Cerebral Palsy secondary to Cerebral Malaria caught just a few days after birth. He has had delayed developmental milestones since then. He has been in and out of hospital during his early childhood days. He is incontinent. He has good coordination and communication skills although he has unsteady shaky movements at his extremities. He can achieve neutral upright sitting posture and has good range of motion in the upper and lower limbs.

He is a friendly and sociable boy with a positive attitude.

Samuel comes from Mtenjera Village, Samuti in Mulanje district, Malawi and is 10 years old. Despite the smile he is a moody child who becomes frustrated or angry when he tries but cannot do things.

He has Cerebral Palsy Spastic Quadriplegia. His mother had history of infection during her early days of pregnancy. Samuel has delayed developmental milestones. He has jerky or slow wriggly movements of his legs, arms, hands and face. He is incontinent. He has good range of motion in his lower and upper extremities. He cannot sit independently on the assessment bench hence in need of a wheelchair for mobility and postural support.



Kaleb hails from Kanyenda Village, Mpama in Chiladzulu district, Malawi and is 12 years old. He is a lad who mixes easily with friends so should do well when enrolled in school.

He has Cerebral Palsy secondary to premature birth. His mother had a history of excessive beer drinking during her pregnancy days. He presents with unsteady movements which are seen when he tries to balance. He is incontinent. He has good communication skills. He has poor upright sitting balance and cannot manage to sit independently on the assessment bench. He has no history of pressure sores but he is at risk of developing them due to moisture and immobility. He is epileptic and is on medication. He is now having episodes of fits about once a month which according to his mother is a great improvement.

Kondwani is 8 years old and hails from Panje Village, Malemia in Zomba district, Malawi.

He likes watching the local children playing games and listening to gospel music on local radio.

Kondwani has Cerebral Palsy. He had delayed birth cry and he has delayed developmental milestones. His parents stopped taking him to physiotherapy clinics due to the long distance to the facility and that they did not see any improvement in the child. He is incontinent.

He has good range of motion though it is restricted sometimes due to spasticity. He has no other medical conditions and he is not on any medication though he has episodes of fits about once a month.



Family Responses

Surprised, overwhelmed, tearful, but very, very grateful were the reactions of all the families when told that their children would be assessed, fitted and supplied with a wheelchair funded through the generosity of the donors.

Expressions of thanks to the donors were very emotional and varied from prayers, singing, crying, but lots of smiling and all very sincere.