

A Deeper Look..... looking into the lives of people and projects that are making a difference in Malawi.....

“The fact there are more VVF patients signifies that the district health system is not functioning well.....” Dr Reynier Gerrit Ter Haar , Nkhoma hospital director gives an interview to Henry Chibowa Jr



Dr Reynier Gerrit Ter Haar (Centre) with family

Nkhoma Hospital is a unique medical institution in Malawi. Not only is it one of the oldest institutions with rich history and cultural heritage, it also is a Christian witness, with practice built around this concept. At the helm of this establishment is Dr Reynier Gerrit Ter Haar, the Hospital Director.

Born in Umzimkulu, South Africa, on the 25th of August, 1965, Dr Reynier Gerrit Ter Haar went to Grenswag high school in Kokstad in South Africa. Having qualified as a doctor, he rotated through different departments (paediatrics, surgery, O & G and anaesthetics), specifically preparing for a rural health facility.

Asked how he found himself at Nkhoma, Dr Ter Haar says he draws his inspiration from his father, who was also a missionary doctor in rural South Africa. When he heard there was a vacancy at Nkhoma, he seized the opportunity.

He explains that during his time Nkhoma hospital has experienced tremendous improvements as witnessed with the opening of its own burns unit and may well be the only CHAM facility having a VVF project. He adds that the hospital has gone to great lengths to involve the community around it through various initiatives such as safe motherhood program, indoor spraying program as well as weekly outreaches for antenatal, under five and family planning clinics.

Dr Haar explains that running a big hospital as a very junior doctor with no management experience was not easy and its still not. He describes as frustrating the limitations one has in treating patients in Malawi, knowing that elsewhere appropriate treatment is available. He points out that, it is difficult to know what your staff really think of you!

Dr Ter Haar points out that he finds great delight in the continued career growth of his staff and those around him, citing an example of one who was working as a pharmacy aid when he started, but is now a clinical officer with a degree.

More breath-taking than this was his other example, “my previous gardener has become an orthopedic clinical officer, and is now going for medical studies in October.”

It however seems crossing the finish-line is only the start of

another race for our enthusiastic director. Efforts are now towards a maternal mortality rate of less than 200/100,000 live births, not to mention the further plans to make Nkhoma Hospital an established Family Medicine postgraduate training site.

Dr Ter Haar’s advises that Malawi’s health sector can improve in child and maternal mortality as proven to the fact there are more VVF patients signifies that the district health system is not functioning well. He proposes more aggressive measures against Malaria, including wide scale indoor spraying and increased distribution of bed nets.

He also believes that well trained family physicians placed in the district and rural CHAM facilities is part of the solution.

Asked on his views about medical training in Malawi, he says he thinks the students finishing from College of Medicine are equiped with necessary medical skills but its only sad that many leave the country to practice elsewhere. He suggested a compulsory year for newly qualified doctors to work in Malawi as is the current practice in South Africa.

There is a need to recognize the very valuable contribution the clinical officer group is making in this country. I think they should be recognized by offering them a degree course and in doing so a career path.

He continues to explain that there is a bigger need for medical care in the rural parts of Malawi than in the cities. A family physician can therefore make a big difference where it is needed the most in the health care system.

A day in the life of Dr ter Haar usually commences with personal bible reading and quiet time in prayer, before attending to the busy daily schedule. He explained that this helps him handle the stress and decisions to be made that day.

He added, “a cup of coffee for my wife is part of the ritual. It is important to leave the house with the necessary support!”

He was however quick to mention that the day is unpredictable. Despite a schedule for every day of the week and properly planned meetings, a lot are not planned and at times people just have to come to the office for a solution to their issues.

Some days can be hectic and simply leave you frustrated. However, other times, things just work out; life, after all, is full of surprises.

As Director, he combines clinical work with administration, every now and then being called to see a patient or to the operating theatre for emergencies. Knock-off time is usually after five.

“This is then time to interact with the kids, his wife, and sit down to supper as a family. Most nights am wrapped up with some administrative work, punctuated by occasional calls in anesthetics”.