FINAL REPORT

for

Fondation Eagle

Medical care under the shade of a tree

Ref:
FF 0681

world medical fund for children

Registered charity number 1063756 in England & Wales and SC046207 in Scotland

The Project:

a) The donor is Fondation Eagle.

b) The project's title is "Support for the WMF Children's Mobile Clinic, easing suffering and saving young lives".

c) Foundation Eagle reference number is FF 681 number.

d) Date of grant accepted was 27th September 2023; funds were received on the 6th October 2023.

e) The amount was £31,290.

f) The target number of beneficiaries for the Children's Mobile Clinic medicines was 25,000.

g) The location is Nkhotakota district in the central region of Malawi and its environs.

h) Period of Project is from 1st October 2023 to 30th September 2024.

i) The exchange rate £UK/Mk in October 2023 was £1=1,320Mk; the unexpected devaluation of the kwacha by 40% has lead to a major drop in value of the kwacha to a rate that reached £1=2,335Mk at one stage.

j) Detailed budgets and actual expenditure comparison:

Budget request:

Mobile Clinic Request	Cost in £	Number	Total in £
Medicines	1.01	25,000	25,250
Clinical Officer	6,040	1	6,040
		Total	**31,290**

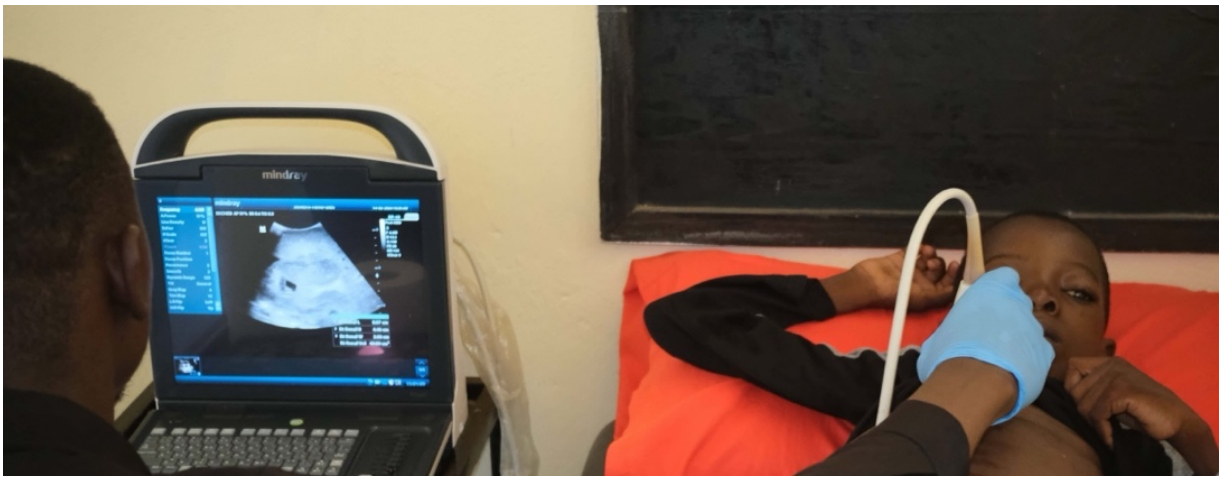
Actual expenditure:

Mobile Clinic Expenditure	Cost in Mk	Convert to £	Total in £
Medicines Sept 23	34,750,000	1,388	25,036
Medicines March 24	500,000	2,125	235
Clinical Officer	10,606,240	1,756	6,040
		Total	**31,311**

Summary:

A slight overspend of £21 made up from our reserves. A small cost decrease in the price of medicines which although the costs have gone up, the massive devaluation of the kwacha (reflected here) has resulted in an overall drop. Salary costs have stayed on track because we had to make adjustments to reflect the drastically diminished buying power of the kwacha for our employees. The project is running successfully with all objectives are being achieved.

Advances in our Children's Mobile Clinics in Malawi.



The days when our mobile clinic clinicians operated with just a stethoscope and otoscope are now ancient history. We now carry a range of sophisticated portable diagnostic equipment and whenever necessary bring seriously ill children back to our medical centre for further investigation.

The child above was diagnosed as having a serious problem by our mobile team and brought back for examination by our radiographer who confirmed the diagnosis as cancer that had spread to other organs and palliative care the only option. We will refer him to the major hospital in Lilongwe the capital city, but our expectations are the diagnosis will be confirmed.

It is not the role of this organisation to assess the quality of traditional healer care, this is simply one example when it went very wrong. This boy had been receiving treatment from a traditional healer for almost two years whilst his condition continually worsened before his father brought him to our mobile clinic.

We are not suggesting he would have been saved had this been picked up two years ago as the capacity to treat cancer in Malawi is very limited[1] but at least this young man would have had a chance.

The boys father had feared the worst and when we assured him we would continue the care of his son when they returned from Lilongwe and ensure the boy was always free of pain, the father hugged and thanked every member of our clinical team with tears in his eyes.

Our Children's Mobile Clinic is a fully licenced medical facility that ends suffering and saves young lives. We are registered with the Malawi Medical Council, Poisons boards and ART (Anti-retroviral) programme. We have signed a Memorandum of Understanding with the Malawi Ministry of Health and Population.

[1] We hear there are plans for radiotherapy to become available; that is great news.

A new home:

As we expand our mobile clinic programme for the second clinic, we have to find new working areas. This is our pharmacy at one of our new sites which the villages for us. It is at least a step up from medical care under the shade of a tree…

In our area of operation, the only properly constructed buildings are schools so if there is one nearby our clinic, they will usually lend us one of their classrooms for the day.

As a fully licenced medical facility we must maintain accurate of every case, diagnosis, and prescription of drugs.

WMF Chief Clinical Officer:

Examining a child at one of our mobile clinic sites; an academic clinician who always likes to keep up to date with new developments in medicine and is a great asset to the organisation.

The neglected tropical diseases:

We have expanded our mobile clinic activities to perform widespread mass treatment programmes for the following conditions. Both are simply and cost-effectively treatable but left untreated can cause serious problems.

Bilharzia (a.k.a. Schistosomiasis) is second only to malaria as the most devastating parasitic disease. It is caused by tiny worms that live in water that enter the skin and lay eggs.

Helminths are a range of soil borne worms that enter the body usually through lack of hygiene; they can reach 90cm in length.

We are also seeing widespread outbreaks of **scabies;** this requires treating the whole family to avoid re-infection and providing soap for hygiene.

Medical Student Electives:

We are delighted to report that at last we have resumed our highly popular medical elective placement programme, which was a victim of the Covid pandemic. Final year medical students from the U.K., Ireland and Australasia come to experience the world of medicine at the sharp end in the villages of Malawi without the back-up, support and resources of a major hospital.

The last group before the pandemic were almost trapped in Malawi when the borders were closed at very short notice, but we were able to get them on one of the last flights out.

We have doctors on our board of medical advisers today who spent their medical electives with us fifteen or more years ago and who travel out to Malawi to work on our clinics again for two to three weeks as volunteers.

A tstetste fly trap.

A common sight for us as much of our work lies close to the Nhotakokota game reserve which is very much tsetse fly territory. These parasitic insects carry African Trypanosomiasis, also known as “sleeping sickness”; a very unpleasant and potentially fatal illness. The colours blue and black attract the flies and the insecticide is on the black portion.

The general situation in Malawi:

The 40% devaluation of the kwacha has had a profound effect; the first reaction in the shops was a doubling of prices with as ever, the poorest members of society hit hardest. This combined with the desperate shortages of foreign exchange has led to the unavailability of all key commodities that have to be imported, especially medicines.

We bought stocks of medicines to last for twelve months as soon as we were aware of the problem, so we have ample stocks for this year.

When we next need to purchase we may have to import from the specialist pharmaceutical wholesalers in Europe who supply NGOs with cost-effective generics.

The Flooding disaster at Nkhotakota:

The tempest hit the centre of our area of operation; this is the remnants of a home.

As the medical organisation on the spot we worked 7 days a week delivering emergency medical care for the many thousands left homeless who needed also relief work in the form of food, water and a safe place to shelter.

To reach the most affected area required a detour of over 300km.

Even then, boats were the only means of access to those most in need with bridges completely washed away. Everyone in our Malawi team from the messenger to our security staff, took part and played a key role in the relief work.

Our thoughts for the future:

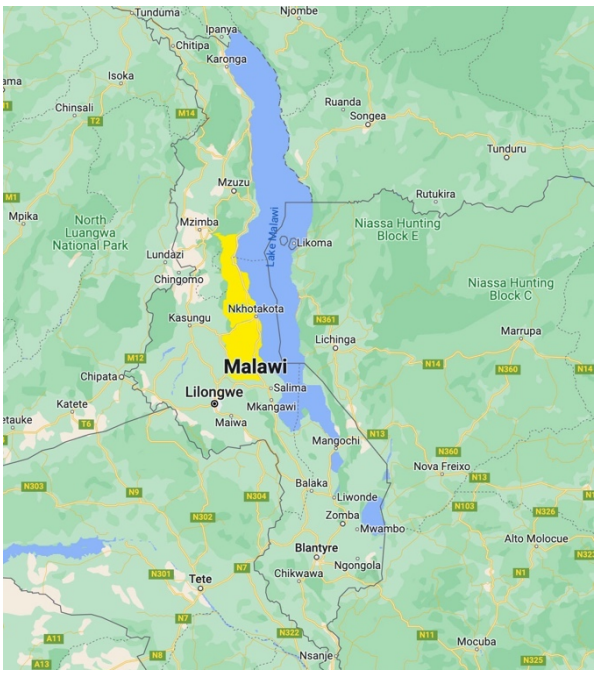
A mix of ambitions and challenges to overcome; a major challenge we face daily is the constant power cuts. We currently run the vital air conditioning for our pharmacy on solar power (funded by Fondation Eagle) as it is vital to keep medicines permanently cool.

1). Installation costs for solar panels continue to come down in price and we hope one day to be able to run everything in our medical centre and offices on solar power.

2). The leading ambition for our clinical officers, doctors and radiographer would be a digital X Ray machine. Along with of course the essential customising of one of our rooms to make it suitable for X Ray. That would bring a major increase in our abilities to diagnose accurately.

3). Building work to extend part of our building for an operating theatre with prep area and a recovery room. An operating theatre equipped for what we would call “Go home on the bus afterwards” surgery; for the multitude of minor issues that do not require in-patient care afterwards.

Why the need for Children's Mobile Clinics in Malawi?



When a child is taken ill in the rural areas, the parents face an immense challenge in gaining access to medical care for their sick or dying child.

Health infrastructure and transport systems are non-existant, there are no GP clincs or Clinical Health centres, no bus or train services. The only option had been to get the child to the nearest hospital; that will typically involve a 8km trek on foot to the nearest tarmac road (probably carrying the sick child) and then a further 30km by road to cover whilst trying to hitch a lift.

If they make the journey they will often be faced with shortages of clinical staff and no medicines.

These are the realities of life faced by the rural communities in resource poor environments.

This is why parents and guardians will travel for up to two days to come to our Children's Mobile Clinics because "You always turn up, you always have skilled clinicians and you always have the stocks of medicine".

The clinics operate with a simple Modus Operandi in which our experinced nurses perform triage on the waiting queue to ensure any seriously ill child is seen straight away. This is essential because there will often be children in a comatose state from malaria needing emergency care.

The clinics operate on a four-weekly schedule, published a year in advance so everyone knows where it will be on any given day.

We will soon pass another milestone with our Children's Mobile Clinics - when we will pass the 500,000 mark in the numbers of sick children we have treated

Cases treated 01/10/23 - 31/09/24	
Abscess	28
Anaemia	376
Arthritis	58
Asthma	294
Bilharzia	760
Burns	41
Dental Carries	72
Diarrhoea – bloody (Dysentry)	720
Diarrhoea - non bloody	460
Ear Infection	412
Ear wax	38
Epilepsy	98
Eye Condition - Allergy	1,570
Eye Condition – Bacterial	1,443
Gastoenteritis	1,703
Heart Abnormalities	12
Infected Sores/ Ulcers	90
Larve migrans	277
Malaria	7,902
Malnutrition	2,107
Mascular Skeletal pain	91
Mumps	29
Nephrotic Syndrome	9
Oral Candidiasis	170
Oral Sores	177
Respiratory Tract Infections	3,411
Rheumatic Heart Disease	33
Sepsis	351
Skin Condition - Viral	311
Skin condition - Allergy	360
Skin Condition – with Bacterial Infection	588
Skin Condition – with Fungal Infection	360
TB Suspects	140
Tonsillitis	49
Urinary Tract Infection	302
Worms	796
TOTAL	**25,638**