INTERIM 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

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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 is 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 November devaluation of the kwacha by 40% and other factors has lead to a 63% drop in value of the kwacha to a rate today of £1=2,150Mk.

j) Detailed budgets and actual expenditure comparison:

Budget request:

Mobile Clinic Request:	Cost:	Number:	Total:
Medicines	1.01	25,000	25,250.00
Clinical Officer Salary	6,040	1	6,040.00
		Total	**31,290.00**

Actual expenditure:

6 Month Mobile Clinic Expenditure:	Cost:	Number:	Total:
Medicines	0.99	25,000	24,750.00
Clinical Officer Salary	6,040	1	3,040.00
		Total	**27,790.00**

Summary:

A slight cost decrease in the price of medicines with financial instability caused by the devaluation of the kwacha; salary costs have stayed on track because we had to make adjustments to reflect the drastically diminished buying powder of the kwacha for our employees. The project is running successfully with all objectives are being achieved and remains the only realistic access to medical care for the village children in the region.

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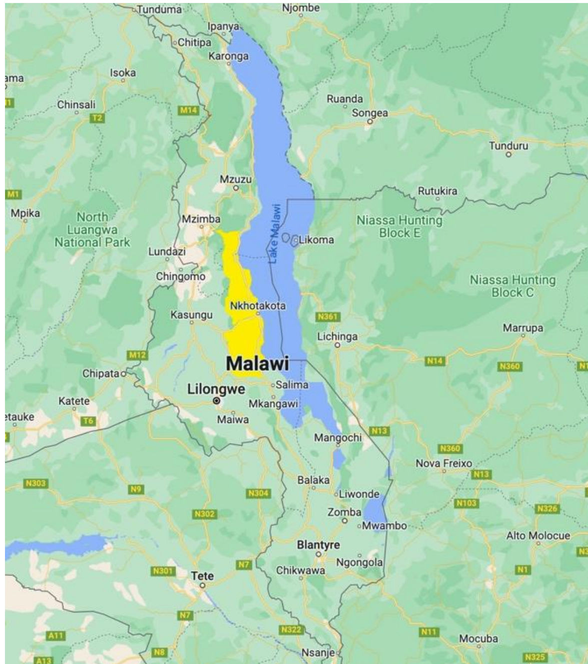
(1) Why the need for Children's Mobile Clinics in Malawi?

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

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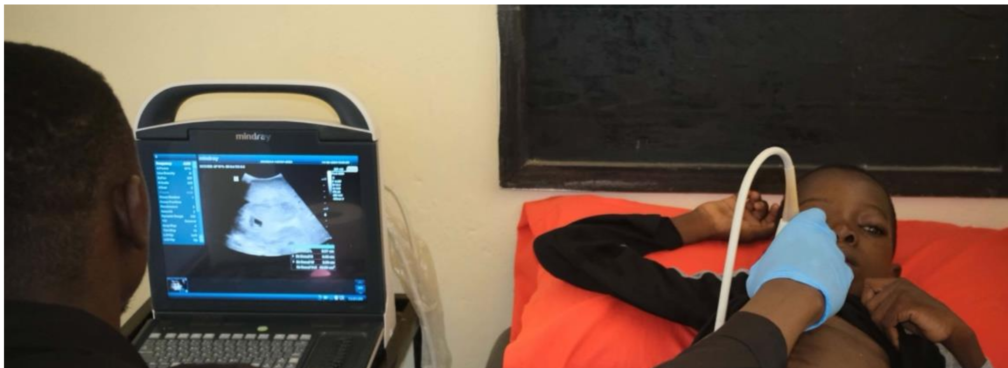
(2) Why the need for Children's Mobile Clinics in Malawi?



It is not the role of this report to assess the quality of traditional healer care, this is simply one example. A boy who 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. Our clinician diagnosed cancer and we brought him back to our medical centre where his condition was diagnosed as terminal and palliative care the only option.

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.

We are closely monitored by the regulatory authorities and ensure we keep accurate records for every facet of our work.

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A new home:

The villagers at one of our mobile clinic sites built this humble dwelling for our mobile clinic. 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.

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.

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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.

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.

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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.

With elections looming, the Malawi government is recruiting large numbers of clinical staff. We have had to replace two nurses already this year but expect this to be a temporary problem and return to normal post-election.

Although times are hard for the poor and there is always discontent, on the streets the situation is generally calm.

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The Flooding disaster at Nkhotakota:

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

As a 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.

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Cases treated 01/10/23 - 31/03/24	
Abscess	16
Anaemia	286
Arthritis	36
Asthma	181
Bilharzia	513
Burns	27
Dental Carries	39
Diarrhoea – bloody (Dysentry)	486
Diarrhoea - non bloody	276
Ear Infection	289
Ear wax	30
Epilepsy	81
Eye Condition - Allergy	986
Eye Condition – Bacterial	886
Gastoenteritis	1,068
Heart Abnormalities	9
Infected Sores/ Ulcers	45
Larve migrans	146
Malaria	4,496
Malnutrition	1,104
Mascular Skeletal pain	46
Mumps	20
Nephrotic Syndrome	4
Oral Candidiasis	87
Oral Sores	86
Respiratory Tract Infections	1,943
Rheumatic Heart Disease	11
Sepsis	192
Skin Condition - Viral	189
Skin condition - Allergy	256
Skin Condition – with Bacterial Infection	302
Skin Condition – with Fungal Infection	290
TB Suspects	120
Tonsillitis	30
Urinary Tract Infection	236
Worms	670
TOTAL	**15,482**

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