

FINAL REPORT

for

Fondation Eagle



Giving Public Health Information, an important part
of our work before every mobile clinic.

Ref:
FF 0682b

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 "A second WMF Children's Mobile Clinic".
- c) Fondation Eagle reference number is FF 682 number.
- d) Date of grant accepted was 27th September 2023.
- e) The amount was £25,250 for purchasing medicines for a second mobile clinic.
- f) The target number of beneficiaries for the Children's Mobile Clinic medicines is 25,000.
- g) The location is Nkhotakota district 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 led 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	Number	Total
Medicines	1.01	25,000	25,250
		Total	25,250

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
		Total	25,271

Summary:

A small overspend of £21 (Conversion rate reflects the kwacha devaluation).

Our Second children's mobile clinic:

This is such an exciting development for us and our Malawi team; it will transform the lives for many at the bottom of the pile of humanity. Access to medical care is a crucial need, especially for children for they especially, can go downhill fast if they fall sick.

Lack of access to healthcare can perpetuate cycles of illness, poverty, and inequality. Efforts to improve access to medical care, whether through government programs, community initiatives, or innovative technology, can make a profound difference in people's lives.

It's crucial for us to continue advocating for policies and solutions that ensure everyone can receive quality healthcare.

The roles of clinical officers and doctors in Malawi:

Since we began our Children's Mobile Clinics in 2003, in line with much of sub-Saharan, we have delivered our medical with Malawian clinical officers rather than doctors.

The reason for this is the extremely limited numbers of doctors in Malawi when we began our healthcare programme; at that time we would often come across hospitals where there were no doctors.

We have always found that good clinical officers deliver quality care to the range of tropical diseases we see in sick children who present at our clinics and they provide a practical, cost-effective solution to the high levels of need in some of the poorest nations of the world.

We support our clinical officers by giving them access to recent developments in medical care with the inputs from final year medical students from the U.K., Ireland, Australia and New Zealand who come to spend their medical electives with us and of volunteer doctors, mainly from the U.K.

To qualify as a clinical officer in Malawi requires passing 3 years at medical school followed by 1 year as an intern. To qualify as a doctor generally requires passing 5 years at medical school (6 years at some establishments including Oxford, Cambridge, University College London, Imperial College where the course may include a BSc) followed by two years as intern.

To differentiate, we would expect doctors to have the edge for example in the complex fields of pharmacokinetics and pharmacodynamics (in simple terms how the body deals with drugs and how drugs deal with the body).

More Malawian doctors are now becoming available and three years ago a newly qualified doctor came to our offices and told us. "I was born here in Nkhotakota and it was as a young boy, seeing your vehicles travelling out to the villages to treat our sick children with your mobile clinics that gave me the burning ambition to become a doctor. I am now qualified and whilst waiting for my government hospital placement I would love to work on the mobile clinic with you".

That began a trend, and we now have a regular supply of newly qualified doctors who spend their time whilst awaiting their hospital placements with us.

We pay them a stipend to cover their accommodation and subsistence costs and it is working very well for all concerned.



Queuing to be weighed; the weight is entered in the child's health passport to ensure our clinicians can prescribe accurately.



The second children's mobile clinic operates purely with locums; this is one of our new Clinical Officer locums.



Our locum pharmacy assistant at work in a corner of a one-room village school.

MPox and Malawi:

Apparently originating in the DRC, Malawi has begun screening for MPox at all its borders; the two suspected cases so far have proved to be false alarms.

We are informed that just like covid, it has mutated; the 2022 outbreak was clade 2 and caught like HIV, predominately in promiscuous males. The current, mutated DRC one, has been named clade 1b is far more lethal and affects everyone, young and old alike.

Like Ebola, rodents carry it and since kids tend to play with all their furry friends, or eat them, they catch it and then pass it on. It's also passed to infants through the placenta, and breast feeding.

WHO neglected diseases:

“Neglected tropical diseases (NTDs) are a diverse group of conditions caused by a variety of pathogens (including viruses, bacteria, parasites, fungi and toxins) and associated with devastating health, social and economic consequences.

NTDs are mainly prevalent among impoverished communities in tropical areas, although some have a much larger geographical distribution. It is estimated that NTDs affect more than 1 billion people, while the number of people requiring NTD interventions (both preventive and curative) is 1.6 billion.

The epidemiology of NTDs is complex and often related to environmental conditions. Many of them are vector-borne, have animal reservoirs and are associated with complex life cycles. All these factors make their public-health control challenging”¹.

The conditions amongst these we are currently dealing with are:-

Bilharzia also known as Schistosomiasis: -



This is a disease of poverty that leads to chronic ill-health. Infection is acquired when people come into contact with fresh water infested with the larval forms (cercariae) of parasitic blood flukes, known as schistosomes (pictured here).

The adult worms are approximately 1cm long and live in the veins draining the urinary tract and intestines.

Most of the eggs they lay are trapped in the tissues and it is the body's reaction to them that can cause massive damage.

Schistosoma haematobium (urinary blood fluke) is a species of digenetic trematode, belonging to a genus of Schistosoma blood flukes. Children become infected with the flukes while playing in contaminated water. It can take many months for any symptoms to manifest; they typically include haematuria (blood in urine), if left untreated can result in serious damage.

Several million people all over the world suffer from severe morbidity as a consequence of schistosomiasis.

Helminths (Parasitic worm infections): -



Helminths, a range of worms transmitted by contact with soil and known as Soil Transmitted Helminths or intestinal parasites, are the most common infections worldwide and affect the poorest and most vulnerable populations.

Adult worms like Hookworms, live in the intestine where they produce thousands of eggs each day. They feed on host tissues, including blood, which leads to a loss of iron

¹ https://www.who.int/health-topics/neglected-tropical-diseases#tab=tab_1

and protein and can cause chronic intestinal blood loss that can result in anaemia, diarrhoea, rectal prolapse, intestinal obstruction and protein malnutrition, resulting in physical and cognitive growth retardation.

Scabies: -



Human scabies is a parasitic infestation typically suffered by up to 10% of the child population in resource poor, tropical settings. It is caused by *Sarcoptes scabiei* var *hominis*; this microscopic mite burrows into the skin and lays eggs, eventually triggering an immune response in the host that leads to intense itching and rash.

It can take four to six weeks post infection, for the symptoms of scabies to appear. The infestation also may be complicated by bacterial infection, leading to the development of skin sores that, in turn, may lead to the development of more serious consequences such as septicaemia, heart disease and chronic kidney disease.

Family planning facet of the mobile clinic: -

In response to enormous demand from the local communities we serve and separate from the child healthcare activities of our mobile clinics, we now carry an extra nurse to provide family planning services. The most popular method by far is the Depo Provera injection which gives 6 months contraception.



The queue for family planning services.

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-existent, there are no GP clinics 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 an 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 experienced 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

Rising costs of basic essentials and shortages:

A key factor in the latest challenges we face is shortage of FOREX (Foreign Exchange). The outcomes from this are shortages of everything that is bought in and paid for in FOREX including fuel, fertiliser, medicines and food.

There is currently no diesel in the region; we as a medical organisation have priority for what little there is whenever any is available and carry large stocks in jerry cans. So far, we have not been forced to cancel clinics but there is no sign of an end to the problem or any solution in sight. This hits the general population hard because they cannot travel as the mini-buses that provide the bulk of transport services have no fuel.

Medicines are in short supply and all the pharmaceutical wholesalers, who must pay in US\$ for the imported medicines are facing major challenges. We are managing but may have to import a greater percentage of our drugs in the future.

As ever it is the poor who suffer most; we see it in the children of the subsistence farmers who make up the vast majority of our mobile clinic beneficiaries always faced with malnutrition. Our recent programme fighting famine with widespread distribution of RUTF (Ready to Use Therapeutic Foods) funded by Foundation Eagle came just at the right time and made a significant difference.

The World Bank View:-

“Malawi’s economic situation remains challenging. A severe drought in 2024 has exacerbated macroeconomic imbalances and added to successive poor harvests and high food prices.

Food insecurity is hindering poverty reduction, with nearly three-quarters (71%) of the population living in extreme poverty. The financing of high fiscal deficits and rising food prices are fueling inflation. The current account deficit is estimated to reach 18.7% of GDP in 2024, putting further pressure on official reserves estimated at \$119.9 million or 0.5 months of import cover in August 2024.

Fiscal revenues grew by 0.6 percentage points to 16.8% of GDP in 2023, buoyed by a good performance in tax revenue and grants disbursements by development partners. Despite this positive development, the country registered the highest fiscal deficit in sub-Saharan Africa, at 10.2% of GDP, due to fiscal slippages and the recapitalization of the Reserve Bank of Malawi to compensate for exchange rate losses”.²

² <https://www.worldbank.org/en/country/malawi/overview>

Cases treated 01/10/23 - 31/09/24	
Abscess	39
Anaemia	331
Arthritis	92
Asthma	228
Bilharzia	807
Burns	54
Dental Carries	51
Diarrhoea – bloody (Dysentry)	1,107
Diarrhoea - non bloody	466
Ear Infection	513
Ear wax	71
Epilepsy	82
Eye Condition - Allergy	1,404
Eye Condition – Bacterial	1,588
Gastroenteritis	1,517
Heart Abnormalities	6
Infected Sores/ Ulcers	168
Larva migrans	441
Malaria	8,077
Malnutrition	2,316
Mascular Skeletal pain	42
Mumps	12
Nephrotic Syndrome	1
Oral Candidiasis	133
Oral Sores	145
Respiratory Tract Infections	4,516
Rheumatic Heart Disease	27
Sepsis	302
Skin Condition - Viral	299
Skin condition - Allergy	407
Skin Condition – with Bacterial Infection	224
Skin Condition – with Fungal Infection	209
TB Suspects	331
Tonsillitis	62
Urinary Tract Infection	644
Worms	1,206
TOTAL	27,918