



Report
for
Fondation Eagle



3 months
June to September 2020

world medical fund
for
children

Fondation Eagle reference: 526

Name of charity and Project: World Medical Fund for Children, the Children's Mobile Clinic.

Introduction: The contract of acceptance for the grant was dated the 26th March 2020.

The location: Nkhotakota district, Malawi.

Duration: For three months covering June to September 2020.

Conversion rate: £1 = 940Mk.

Budget: It was £8,910 for medicines and PPEs and £6,437 for the salary of our paediatrician, making a total of £15,347.

Over spend: The paediatrician's salary was on budget; the total expenditure on medicines and PPEs was 8,592,450Mk (at £1 = 940Mk that equals £9,141). That represents an overspend of £231.

Total number of beneficiaries: 8,576

Expenditure:

	Description	Units	Cost	No.	Total.
1	Acyclovir 200mg	100s	3,850.00	12	46,200.00
2	Albendazole – 400	100s	1,800.00	12	21,600.00
3	Ampicillin Caps	1000C	14,100.00	8	112,800.00
4	Amoxicillin 250mg Caps	1000C	12,800.00	24	307,200.00
5	Benzathine 2.4 Inj	ea	570.00	50	28,500.00
6	Benzylpenicillin Inj (X-Pen)	ea	324.00	50	16,200.00
7	Calamine Lotion 100ml	ea	580.00	40	23,200.00
8	Chloramphenicol Caps 250mg	1000C	23,700.00	12	284,400.00
9	Cloxacillin Caps 250mg	1000C	15,500.00	12	186,000.00
10	Cloxacillin syrup	ea	550.00	600	330,000.00
11	Cotrimoxazole 480mg	1000T	9,500.00	8	76,000.00
12	Cotrimoxazole syrup	ea	385.00	500	192,500.00
13	Dexa Eye Drops	5ml	200.00	400	80,000.00
14	Erythromycin 250 Tab	1000T	22,500.00	24	540,000.00
15	Face Mask 3 Ply	50	17,000.00	100	1,700,000.00
16	Flucloxacillin syrup	ea	1,650.00	400	660,000.00
17	Funbact A Cream	30g	670.00	50	33,500.00
18	Gentamycin Eye Drop	5ml	200.00	120	24,000.00
19	GV Paint 500ml	ea	2,500.00	10	25,000.00
20	Hand Sanitiser 100ml	ea	1,200.00	208	249,600.00
21	Hemovit syrup	ea	550.00	250	137,500.00
22	Indomethacine 20mg	1000T	4,850.00	5	24,250.00
23	Lignocaine 2% Inj	30ml	265.00	50	13,250.00
24	Methylated Spirit	500ml	1,300.00	20	26,000.00
25	Metronidazole Cream	ea	400.00	400	160,000.00
26	Miconazole cream	15g	285.00	100	28,500.00
27	Multivitamine	1000T	2,400.00	20	48,000.00
28	Multivitamine syrup	ea	550.00	200	110,000.00
29	N95 Masks	ea	3,200.00	750	2,400,000.00
30	ORS	ea	105.00	1000	105,000.00
31	Phenobarbitone	1000T	,800.00	12	69,600.00
32	Quinine Tab	1000T	38,800.00	2	77,600.00
33	Salbutamol	1000T	1,450.00	2	2,900.00
34	Tetra Eye Ointment	ea	195.00	200	39,000.00
35	Urin Dip Sticks	ea	8,500.00	4	34,000.00
36	Ventalin Inhaler	ea	1,650.00	200	330,000.00
37	Whitefield Ointment	ea	320.00	30	9,600.00
38	Zinc Tabs	100T	985.00	10	9,850.00

The break down :-

Out of a total spend here of 8,592,450Mk
 Medicines cost 4,492,450Mk
 PPEs cost 4,100,000Mk

Details of the project:

SARS-CoV-2 (the sister virus to SARS-CoV, the primary viral isolate defining the species) has brought unforeseen challenges in 2020.

We faced two bleak choices; close the mobile clinics or incur the high costs of protecting our team and the village volunteers who play a key role in making our project so cost-effective.

The clinics save many young lives; we can gain a fairly accurate idea of how many through the Field Rating Index¹ we employ but they do far more than that. They ease suffering and take away pain and perhaps most of all, they give hope. It is hard to imagine a child in pain with no access to health care and without hope.

In collaboration with our Malawi team we took the decision to continue the clinics and came up with a modus operandi that properly protects our medical team and the beneficiaries.

We operate a “Hot” and “Cold” system in which beneficiaries are triaged by a nurse in full PPEs and a non-contact thermometer and designated “Hot” or “Cold” and the appropriate methodology employed.



Nurse triage.

One unavoidable outcome was this significantly slowed the operation of our medical clinic meaning we had to reduce our beneficiary targets by 50%. Initially this worked well with the collaboration of the local community but there have been instances where there have

¹ Scoring systems using an ordinal scale play an important role in clinical medicine, due to their practicality (Feldmann U & Steude I. 2000). They are the basis of many patient-reported outcome tools used in clinical trials for a range of conditions, including in Africa (Horton et al. 2011; Dambi J et al. 2017).

been near riots with parents and guardians of sick children demanding their children are seen and treated.

We understand their anxiety as we are keenly aware that our Children's Mobile Clinics are the only realistic access to medical care for children in the villages far from the townships.

As the new system has bedded in, we have become more efficient and at meetings with the traditional authorities we have agreed to increase the annual beneficiary target by 5,000 (if we can raise the funds).

In return the traditional authorities have pledged their full support to ensure our team are not put at risk.



PPEs:

Reports should not just be for good news; sourcing protection for our team has been a nightmare with enormous costs in both time and money.

In Malawi the availability of any form of PPEs in the early part of the pandemic was virtually non-existent; what little were available were most often of unacceptably low quality and at great cost.

In the U.K. the situation was also dire; FFP3 masks were unavailable (even to the doctors in General Practice on our advisory board). FFP2/N95 masks were extremely difficult to source and the prices rocketed. Our regular suppliers of medical equipment and supplies, who are a major supplier in this field and a business we have dealt with for many years, in response to the demand and shortages, introduced a policy of only supplying NHS hospitals.

When we finally found a supplier of FFP2s and face screens we bought and immediately shipped them out to Malawi only for them to be stopped at Heathrow airport and returned to us as there was an E.U. ban on the export of PPEs to any non E.U. country. We (like most people) were completely unaware of this and the U.K. (despite having left the E.U.) was continuing to comply with this regulation.

We immediately applied to the International Board of Trade in London and within twenty-four hours were granted a licence to export PPEs to Malawi. We re-shipped the goods for them to be held in Johannesburg, we were informed “because there were no flights”. We applied pressure in every direction as best we could and after 18 days of delay the parcels finally arrived in Malawi.

The next challenge was that Malawi closed its air borders, forcing us to buy our PPEs in-country. The cost there of N95 masks until very recently was £3.40 each; in the hot, dusty conditions where we work, with the wearer naturally sweating the masks do not last long. We try to keep to 5 masks for each member of our team per clinic. If we followed best practice, we would change masks between each patient – but the costs would be astronomical, so we have to be pragmatic.

Malawi has since re-opened its air borders so we can ship PPEs again, however the air freight charges are significant.



We provide the parents and guardians of the sick children we treat with a simple three-ply mask when they are at our clinics. We were fortunate to benefit from a New Zealand initiative in Malawi and received five thousand three-ply masks as a donation. They have all been used up, so we are now having to buy them.

2021:

As we make our plans for next year there are two key questions we must face:-

1. How long will the COVID pandemic last?
2. How serious is the pandemic in Malawi (specifically) and sub Saharan Africa (in general)?

We should have the answers for we are a medical organization with a highly skilled clinical team on the ground in Malawi, an excellent advisory board of doctors and medical scientists (including an immunologist) based in the UK and Switzerland who have all worked on our projects in Malawi.

But sadly we don't...

We have opinions; could it be that COVID will be with us long-term like HIV, and that has been with us for 37 years? The only protection could be through annual vaccination like flu, as antibody protection appears to be only short term.

In Malawi with extensive malnutrition, peoples living in close proximity, many with weakened immune systems through HIV, real poverty and the planned lockdown stopped by a high court injunction many months ago by human rights activists. I was not alone in believing we would see an exponential rise in COVID infections and deaths up to catastrophic levels.

But we are not seeing it, or rather we are not seeing proof of it. Our clinicians cannot give a differential diagnosis of COVID, even though around 20% of the sick children they see present as breathless, febrile with a dry cough “if there has not been an officially recorded case in the region”. With very limited testing being done that is unlikely.

Doubtless we will gain the answers - in the fullness of time.

The good news:

The children’s mobile clinics are working extremely well with well over eight thousand conditions treated over this period.

The local community, thanks to our public health information service on the pandemic, have understood the need for masks and separation.

The future:

For as long as SARS-CoV-2 remains a threat we must continue protecting our team.

The exciting news is we are working on a revised model, to enhance our delivery of primary health to children in resource-poor environments that we believe could have far-reaching effects, wherever the same challenges exist.



Republic of Malawi
Ministry of Health

COVID-19

DAILY INFO UPDATE

PHIM PUBLIC HEALTH INSTITUTE
of MALAWI

Wednesday
14th October
2020



**CALL
TOLL FREE**

**airtel
54747**

or
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NEW CASES	TOTAL CONFIRMED CASES
2	5829
TOTAL ACTIVE CASES	TOTAL RECOVERED
925	4723 (35 NEW)
TOTAL NUMBER OF TESTS CONDUCTED	TOTAL DEATHS
56709 (189 NEW)	181 (0 NEW)



Ministry Of Health - Malawi



covid19.health.gov.mw



@health_malawi



0990 800 000

Watch your distance! Wash your hands! Wear your mask!

Published by Health Education Services, Ministry of Health

UK Data at 14/10/20:

Number of tests performed	25,999,507
Number testing positive	654,644
Number of deaths certified with COVID as cause	57,690

Source: GOV.UK coronavirus (COV-19) in the U.K.



Our public education programme on COVID and the need for masks and social separation is obviously working.

This 4 year-old proudly presented at our clinic with the mask she had made from a toothpaste packet.

Sadly, all she got was a telling off by our nurses and her mask confiscated...

Beneficiaries:

Abscess	12
Anaemia	106
Arthritis	20
Asthma	131
Bilharzia	165
Burns	6
Dental Carries	12
Diarrhoea – bloody (Dysentry)	145
Diarrhoea - non bloody	380
Ear Infection	220
Ear wax	45
Epilepsy	68
Eye Condition - Allergy	118
Eye Condition – Bacterial	271
Gastroenteritis	280
Heart Abnormalities	5
Infected Sores/ Ulcers	44
Larva migrans	66
Malaria	2,801
Malnutrition	190
Muscular Skeletal pain	103
Mumps	4
Nephrotic Syndrome	12
Oral Candidiasis	44
Oral Sores	26
Respiratory Tract Infections	2,140
Rheumatic Heart Disease	10
Sepsis	45
Skin Condition - Viral	87
Skin condition - Allergy	213
Skin Condition – with Bacterial Infection	150
Skin Condition – with Fungal Infection	210
TB Suspects	48
Tinea Capitis	216
Tonsillitis	6
Urinary Tract Infection	45
Worms	132
TOTAL	8,576

Our sincere thanks to Fondation Eagle
for making this all possible during these challenging times.

Latest news 11/11/2020:

We are deeply grateful for the assistance we received in Switzerland, enabling us to make substantial saving in procuring masks for our clinical team.

The cost per mask including airfreight to Lilongwe, Malawi was significantly less than we could even just buy the masks for in the U.K.

We applied for duty free clearance in advance and the Malawi Revenue Authority have been very helpful and this was approved and the 41kg shipment arrived in Lilongwe a few days ago.

There has been a slight delay in the goods being released but this is being dealt with and we expect to have the masks with our team at Nkhotakota within the next couple of days.