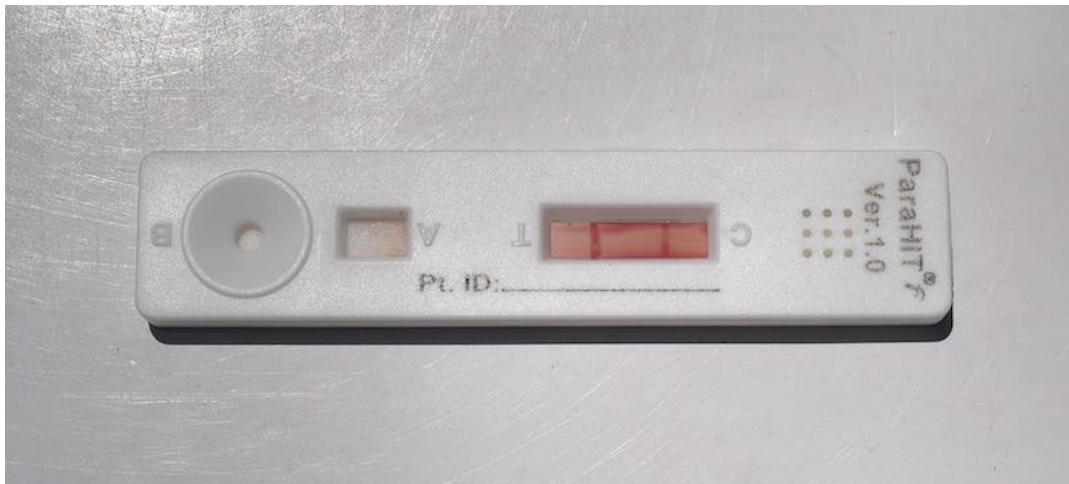




# Final 2025 Report 723 for Fondation Eagle



A positive malaria rapid test.

world medical fund  
for children

**Interim or Final report:** Final.

**Donor name:** Fondation Eagle

**Fondation Eagle reference:** FE723

**Name of Charity:** World Medical Fund for Children

**Introduction:** Mobile Children's Clinics working in the remote villages

**Date of grant accepted:** 4<sup>th</sup> October 2024

**Amount:** "The Foundation will finance the total of GBP £31,290 of which £25,250 for purchasing medicines for 1 year for your Mobile Clinic 1 and £6,040 for the Clinical Officer's salary also for 1 year for your Mobile clinic services in Nkhotakota district and its environs, in the central region of Malawi".

**Conversion rate, date & amount in local currency:** £1 = 2,200Mk making 68,830,000Mk

**Name and exact location of the project:** "The 1<sup>st</sup> Children's Mobile Clinic; Nkhotakota district and its environs, Malawi.

**Period of Project:** 12 months

**Project beneficiaries:** We have treated a total of 28,386 sick children, so we are significantly above our annual target of 25,000.

**Details of the project:** A tried and proven solution to the high child mortality rate in Malawi, the mobile clinic provides the only realistic access to medical care for sick children in the villages. Our medical team are equipped with diagnostic tools and a wide range of medicines to treat most conditions on the spot; those children needing surgery or in-patient care we can take to hospital in our ambulance.

This methodology remains the most cost-effective solution to the challenges that exist of little or no infrastructure, transport systems or access to primary health care in the rural areas. The reality we face is, without major investment it is most likely to remain so for at least the medium term, if not longer.

The changes to the original methodology are in now carrying more sophisticated diagnostic tools, in terms of ultrasound machines and various analysers - enabling more accurate diagnosis.

The impact is immense; it relieves suffering and saves lives.

**Detailed budgets and actual expenditure summary and comparison:**

FF 723 final report		
<b>Project 12 month Budget</b>	<b>Cost in £</b>	<b>Convert to Mk</b>
Medicines	25,250	55,550,000
Clinical Officer	6,040	13,288,000
<b>Total</b>	<b>31,290</b>	<b>68,838,000</b>
<b>Project Expenditure</b>	<b>Cost in £</b>	<b>Convert to Mk</b>
Medicines	25,727	56,599,400
Clinical officer	6,040	13,288,000
Doctor, 2nd clinic*	-	-
<b>Total</b>	<b>31,767</b>	<b>69,887,400</b>
<b>Balance</b>	<b>-477</b>	<b>(1,049,400)</b>

We have taken the token cost of medicines across both clinics and apportioned 50% to each clinic (in line with the director's proposal to double the costs of a single clinic) as keeping them separate would have been costly in labour and storage costs. There is a small overspend that we have funded from our reserves. We buy the medicines whenever they become available because of the inevitable and continual shortages due to the dire lack of FOREX in country as all medicines have to be bought in and paid for in \$US.

**Results:** We have exceeded our target with 28,386 sick children treated.

**Follow up:** The project has been running since 2003, so now in its twenty-second year; continuity is ensured because of the overwhelming demand.

**Conclusion:** All objective have been achieved.

**Signature and date:**

*MBurt*

01/12/2025

## The increase in demand for our services.

We always employ our best endeavours to stay with our projected totals every year but our clinical team will never turn away a sick or dying child who presents at our clinics.

In the latter part of the year, we have seen a significant increase in the numbers of children presenting with severe malnutrition. We believe the cause is most likely to be the rising prices in Malawi fuelled by high inflation (28%), caused by the shortage of FOREX that drives up the costs of all imported goods.

As ever it is the poorest who are hardest hit – and that is our target beneficiaries who are virtually all subsistence farmers subsistence farmers.

Rising prices in Malawi are driven by high inflation, primarily caused by a shortage of foreign currency that increases the cost of imported goods like fuel and fertilizer. This has led to a significant increase in the cost of living, with food and non-food prices rising sharply, and has also been exacerbated by climate shocks, election spending, and ongoing currency devaluations.

Key factors contributing to rising prices

- **Foreign currency shortage:** A scarcity of US dollars in banks forces businesses to get currency from the black market, where the exchange rate is much higher, leading to steep price hikes for imports such as fuel and fertilizer.
- **High inflation:** The annual inflation rate reached 28.2% in August 2025, and the monthly rate was 2.7%, with food prices seeing a surge to 33.7%. This inflation is broad-based, affecting both food and non-food items.
- **Currency devaluations:** Malawi has devalued its currency twice in recent years, which caused immediate and sharp price increases.
- **Climate-related shocks:** Events like Cyclone Freddy have disrupted food production, leading to higher food prices.
- **Increased money supply:** Government spending related to recent elections and people drawing on savings to cope with costs have put more money into circulation without a corresponding increase in goods, further fueling inflation.

Impact on the public

- **Reduced purchasing power:** With wages and savings losing value, people are finding it harder to afford basic goods.
- **Increased cost of living:** The rising cost of living is a major issue for Malawians, affecting everyone from city markets to rural villages.
- **Impact on vulnerable groups:** Rural households and those on fixed incomes are hit the hardest.
- **High loan rates:** Inflation contributes to high interest rates on loans, making it more expensive for individuals and businesses to borrow money.

## Government and international response

- **Addressing foreign exchange shortages:** The government plans to boost production in sectors like agriculture, tourism, and mining to increase dollar earnings.
- **Combating the black market:** A national anti-crime unit will be established to crack down on the parallel market for foreign currency.
- **Debt restructuring:** The government is working to complete debt restructuring agreements with creditors to ease pressure on foreign exchange reserve

### A success in the never-ending battle against the WHO NTDs (Neglected Tropical Diseases).

We can report successful outcomes in the facet of our mobile clinic programme that carefully follows WHO guidelines and uses MDA (Mass Drug Administration) to fight these conditions as we are seeing a reduction in the cases of bilharzia and worm infections presenting at our clinics.

The modus operandi is simply to treat every child in our catchment area on a regular basis. The drugs we use are relatively inexpensive with little or no side effects making the whole process cost-effective and efficient.

The two we face on a daily basis are schistosomiasis (also known as bilharzia) and soil-transmitted helminthiasis (parasitic worm infections). Left untreated both can cause serious health problems that can become fatal.

NTDs are a diverse group of conditions caused by a variety of pathogens. It is estimated that NTDs affect more than 1 billion people, while the number of people requiring NTD interventions (both preventive and curative) is 1.495 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.

They are called “neglected tropical diseases” because they primarily affect impoverished and marginalized populations, often in developing regions, and have historically received little attention or funding compared to other global health priorities.

**Case study, cerebral palsy. Age:** 1 year, 8 months. **Sex:** F



G.P. is a 20-month-old girl who was born at term via spontaneous vaginal delivery following a 24-hour labour. The baby had a birth weight of 2800 grams.

At birth, G.P. did not cry immediately and required resuscitation by the attending nurses, including bag-mask ventilation, followed by oxygen therapy. She was admitted to the Neonatal Care Unit (NCU) at Nkhotakota District Hospital for two weeks. During her stay, she experienced four episodes of seizures.

At around 5 months of age, the mother observed that the child had poor neck control

and limited elbow extension. Although she was able to breastfeed, she had occasional episodes of aspiration.

**Current Presentation:**

The child presented with a 3-day history of a non-productive cough that began gradually and worsened over time. The cough was associated with fever, particularly in the evenings, and shortness of breath that worsens during coughing. There is no history of dysuria, limb swelling, diarrhoea, or vomiting.

**Examination Findings:**

- **General:** Alert but in a flexed position, with drooling saliva and brittle, thin hair. Feet positioned medially.
- **Respiratory:** No use of accessory muscles; no intercostal recessions. Mild wheezes and coarse crackles were present.
- **Cardiovascular:** Normal heart sounds; no murmurs or added sounds.
- **Nutrition:** MUAC = 11.2 cm, indicating severe acute malnutrition.
- **Abdomen:** Umbilical hernia; abdomen soft with no organomegaly.
- **Neurological & Musculoskeletal:**
  - Upper limbs: One hand clenched, both elbows in fixed flexion with stiffness.
  - Trunk: Scoliosis noted.
  - Lower limbs: Scissoring position.
  - Developmental milestones: Able to sit unsupported but unable to crawl.

**Diagnosis:**

- Spastic quadriplegic cerebral palsy
- Community-acquired pneumonia
- Bronchitis
- Severe acute malnutrition
- Developmental delay

**Treatment Plan:****Medications:**

- Libitus syrup 2.5 ml three times daily.
- Amoxicillin syrup 2.5 ml three times daily.
- Paracetamol 125 mg three times daily.
- Ready-to-Use Therapeutic Food (RUTF): 1 sachet three times daily (120 sachets provided).

**Recommendations:**

G.P. urgently requires consistent physiotherapy to prevent joint contractures and support motor development however the family faces barriers accessing regular rehabilitation due to distance and irregular outreach services.

She is also at high risk for aspiration pneumonia, which increases her vulnerability to under-five mortality. Furthermore, the family would benefit from a referral to a paediatric psychiatrist for development assessment to better understand her development needs and potential long-term disability.

Despite the presence of orthopaedic surgeons in Malawi, surgical interventions for children with cerebral palsy remain rare and underutilized.

**These are the serious challenges this little girl faces; we will not give up on her and use our best endeavours to assist.**

Dr A.S.

<b>Cases treated 01/11/24 - 31/10/25</b>	
Abscess	29
Anaemia	411
Arthritis	24
Asthma	281
Bilharzia	580
Burns	46
Dental Carries	61
Diarrhoea – bloody ( Dysentry)	981
Diarrhoea - non bloody	423
Ear Infection	368
Ear wax	33
Epilepsy	78
Eye Condition - Allergy	1,320
Eye Condition – Bacterial	1,256
Gastroenteritis	1,996
Heart Abnormalities	13
Infected Sores/ Ulcers	86
Larve migrans	203
Malaria	8,046
Malnutrition	3,812
Mascular Skeletal pain	81
Mumps	15
Nephrotic Syndrome	12
Oral Candidiasis	146
Oral Sores	206
Respiratory Tract Infections	4,012
Rheumatic Heart Disease	71
Sepsis	248
Skin Condition - Viral	375
Skin condition - Allergy	405
Skin Condition –with Bacterial Infection	751
Skin Condition – with Fungal Infection	341
TB Suspects	208
Tonsillitis	63
Urinary Tract Infection	595
Worms	812
<b>TOTAL</b>	<b>28,388</b>