



If no one
Cared...

world medical fund for children

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

2015 report

for

Fondation Eagle

Patron:

Ambassador John W. McDonald, Chairman, Institute for Multi-Track Diplomacy.

Advisers: Rev'd Dr Anne Bayley OBE • Dr Faiz Kermani • Dr Caroline Lockley • Dr Timothy Wiggan

Member of CONGOMA. (Council for NGOs in Malawi)

Member of BOND. (British Overseas NGOs for Development)

Member of the UK forum for Hospice and Palliative Care Worldwide

Our heartfelt thanks to
Mrs Bhavna Dziurzynski
and the trustees of
Fondation Eagle
for their wonderful support.
Making everything we
seek to achieve
a reality.

From our CEO Michael Burt

It has been a year of high achievement in our work but one in which we faced major challenges. The situation in Malawi is the worst we have experienced since we began our programme there in 1998. At Nkhotakota in the central region where we are based, the electricity supply fails every day, there is no water in the taps and internet access is a rare luxury.

The infrastructure is broken and there are no funds to repair it, so we must find alternatives. Water is the first priority and we have applied to the Local Assembly for permission to have a deep well, pumps and storage tanks constructed. We play a small role in the training of new doctors by accepting an average of forty final year medical students every year who come to Malawi to spend their medical elective placements with us. I feel for them that after a long, hot, tiring day working in the villages with our clinical team that they cannot have a shower when they return to the compound (having experienced it myself).

Our Children's Mobile Clinic continues its wonderful work, treating over 25,000 sick children in 2015 and saving many young lives. It is the most effective way to bring access to medical care for children in the villages far from the tarmac road. The only criticism is that it only comes every four weeks. What happens in between our visits?

We are working on a natural expansion of our programme that could bring major benefits and transform the delivery of primary healthcare wherever the same challenges exist. Our small army of 150 Village Health Volunteers has played a major role in its delivery since 2003, they manage the queues, weigh the children, assist in dressing wounds and other vital duties. With proper algorithms it is a small step forward to train them to be competent to diagnose and treat a number of key illnesses thus filling the gap between Mobile Clinic visits. This exciting new project is at an early stage and we will report on the outcomes.



I am pleased to report an expansion of our programme providing quality secondary school education for children with AIDS who we care for at our Thandizo centre. The nine currently benefitting from this initiative are pictured here with our Executive Director in Malawi.

This will give them the priceless opportunity to transform their lives, to prepare for a career with a future. Ideally this would be available to all of the 160 children we currently care for but funds are limited and we can only select the brightest, those who will benefit most.

We receive no government funding and rely entirely on donations so on behalf of our team and the tens of thousands of sick children who have benefitted from our work, our sincere thanks for your continued support; it is deeply appreciated.

Yours truly,

Michael

How the Fondation Eagle funds were spent.

The grant of £14,536 was received on the 5th January 2015.

The funds were transferred to Malawi in two tranches with a charge of £20 per transfer.

The exchange rate we received from our bank in Malawi was £1 = 635Mk

Quotations were received from 4 suppliers including one (Durbin Pharmaceutical) from the UK.

Supplier	Invoice number	Cost (Mk)	Cost (to nearest £UK)
Artemis	001101	1,292,300	2,035
Artemis	001657	9,222,420	14,523
Artemis	001658	401,000	631
Artemis	001104	30,000	47
Totals		10,945,720Mk	£17,236

nb: Scanned copies of invoices in appendix.

The overspend of £2,700 was taken from our small reserves; we were advised by the pharmaceutical wholesalers that the increase in costs was due to the pharmacy costs being tied to the USD.

A case study - Baby Jane:

Our Thandizo centre has been successfully caring for children with AIDS since 2005 and today has 171 beneficiaries. It is certified as a "Centre of Excellence".

Jane (*not her real name*) is a typical case. She is a girl born on 12th June 2014, the youngest of five children born to HIV positive parents who had already lost one child to AIDS.

The family are poor and live in a lakeside Village in Nkhotakota District where her father is a fisherman. He does not own a boat but is hired when needed and paid after the day's work, depending on the catch but typically only around 400Mk (£0.50p).



Jane was born by normal delivery at the district Hospital with a birth weight of 2.5 Kg. She was breastfed from birth and she grew normally until she reached 4 months when she began to suffer frequent illnesses necessitating admission to hospital. Jane went rapidly downhill and came to us as an eight month-old but weighing just 3.5kg and looking more like a child of just a few weeks old.

She had been referred to the WMF Thandizo centre by the district hospital who had given her just a 10% chance of survival.

She was vomiting after every feed and presented with a range of serious medical problems. We began ART (antiretroviral therapy) immediately and provided therapeutic food inputs. We monitored her closely and the following month was tough and she needed several stays in hospital under our supervision.

We continued her ART and CPT (co-trimoxazole) prophylaxis treatment, also prescribing anti-emetics to help with the vomiting, oral rehydration treatment, and treatment for her fungal infection.



This was going to be a major challenge; the next time we saw her after two months she had non-bloody diarrhoea, a fever and cough, a rash around her groin, which we suspected to be nappy rash. There were signs of dehydration with reduced skin turgor and her weight was only 4.5kg.

She really needed to be admitted to hospital to manage her malnutrition (we

have no inpatient facilities).

But Jane's mother stated was tired of taking her and saw the child a drain on her resources and energy as she has 3 other children to care for.

We could not give up and continued fighting to save her by treating each of her current conditions.



This is Baby Jane four months after she first presented at our Thandizo centre, I am delighted to report the tide has turned and we are seeing regular weight gain and a dramatic improvement in her overall health. I am confident she will continue to improve.

A success story but not an exceptional case; a significant percentage of the children with AIDS we take onto the programme are gravely ill when we see them for the first time.

Jane and her mother demonstrated some of the key difficulties of HIV management in paediatrics in Malawi. Co-morbidities such as malnutrition, malaria and TB can make for much more severe illness in HIV positive children.

Despite treatment being free, a sick child is still a massive burden on a family (or guardians in the case of orphans) having to

give up time, energy and money to take children to hospitals. When a child is admitted they need a parent or guardian to stay with them to cook and provide food.

There is also sometimes the belief, despite counselling attempts, that once a child is better they can stop their medication. There is only so much a clinician can do after making the treatment available and providing as much education as possible, the survival of some patients relies heavily on cooperation of their parents or guardians.



World Medical Fund – Malawi

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**To everyone at Eagle Fondation
Thank you for your donation in 2015 to World Medical Fund.**



On behalf of the entire WMF Malawi team, I want to take this opportunity to thank you from the bottom of our hearts for your incredible generosity in 2015.

Your donation made it possible for us to continue our vital work bringing quality health care to children in Malawi. We were able to purchase the medicines and other vital medical supplies needed for our Children's Mobile Clinic sites so that in 2015 we treated well over 25,000 sick children, easing so much suffering and saving many young lives.

We began our healthcare for children programme fifteen years ago in Nkhotakota and surrounding districts because we strongly believe (in line with the WHO 1948 declaration) that access to healthcare is a fundamental human right, especially for children.

In 2015 we celebrated the 10th anniversary of our Thandizo programme caring for children with AIDS. It is an amazing success story for typically by the time parents or guardians bring their child to us with the symptoms of HIV infection, it is very late in the day and the child is virtually at death's door. Yet with the prescription of antiretrovirals and other medicines, the provision of therapeutic food inputs and above all, careful monitoring we win through in 99% of the cases that present. The transformation in the child over the next two months, back to being a normal child, full of energy and mischief is truly remarkable.

In the region where we operate we are the only provider of quality medical care to children. In the past parents and guardians would take their sick child to traditional healers (known as witchdoctors). It still happens, even today and I often have to repair the damage done by them.

**Member of CONGOMA
Member of NGO Board of Malawi
Registered with the Medical Council of Malawi**

And who cares for the children of the traditional healers? Well I can answer that; in 2007 one of our major donors (a respected film director) came to Malawi to make a documentary about our work. He wanted to film a traditional healer at work and in the village where we were working, the village headman guided us to the traditional healers hut. He was not at home so we asked his wife where we could find him. “Oh he has taken our sick child to your Mobile Clinic” she replied...

It is your generosity and belief in our mission that enables us to perform this work, and we are deeply grateful for your partnership. We keenly recognize you have many choices of where to direct your philanthropy and take our role as stewards of your donation extremely seriously.

I sincerely hope you will continue your involvement with World Medical Fund, and that you continue to be a partner in our life-saving work. Thank you for the difference you have made in the lives in need of medical services in Nkhotakota district.

Thank you,

Matson Dezi
Executive Director
World Medical Fund

Where we work:

The back of beyond would be an accurate description; we reach the parts where no one else goes. In villages up to 30km from the nearest tarmac road, areas where there is no infrastructure or transport. We rely on robust 4 x 4 vehicles that can manage the tough terrain, cross rivers and flooded areas when necessary.



We face many challenges, such as primitive bridges...



In the villages where we work:

Once a year the villagers will show their thanks and put on a special show of song and dance.



In the villages where we work:





Children's Mobile Clinic, cases treated 2015

<u>Condition</u>	<u>Number</u>	<u>Percentage</u>
Malaria	9,306	36.37
RTI (Respiratory tract infection)	4,315	16.87
ABC (Acute bacterial conjunctivitis)	2,101	8.21
Malnutrition	1,891	7.32
Bilharzia	1,880	6.70
Sepsis	1,460	5.71
Diarrhoea	1,382	5.40
Worms	460	1.80
Otitis Media	410	1.60
Skin condition	383	1.50
Urinary tract infection	294	1.15
Dysentery	292	1.14
Asthma	290	1.13
Gastritis	146	0.57
Tinea capitis	136	0.53
Pneumonia	129	0.50
Tropical ulcer	120	0.47
Anaemia	120	0.47
Epilepsy	80	0.31
Abcess	74	0.29
Neuropathy	59	0.23
Larva migrans	58	0.23
Scabies	42	0.16
Oral candidiasis	30	0.12
Cold	28	0.11
Dental caries	17	0.07
Infected trauma wound	21	0.08
Blepharitis	18	0.07
Dental caries	17	0.06
Nephrotic syndrome	2	0.01

Oral sores	6	0.02
Tropical Splenomegaly Syndrome	5	0.02
Lymphoma	4	0.02
Heart condition	3	0.012
Candida vulvitis	2	0.008
Nephrotic syndrome	2	0.01
Hydrocephalus	1	0.004

Total	25,584	
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