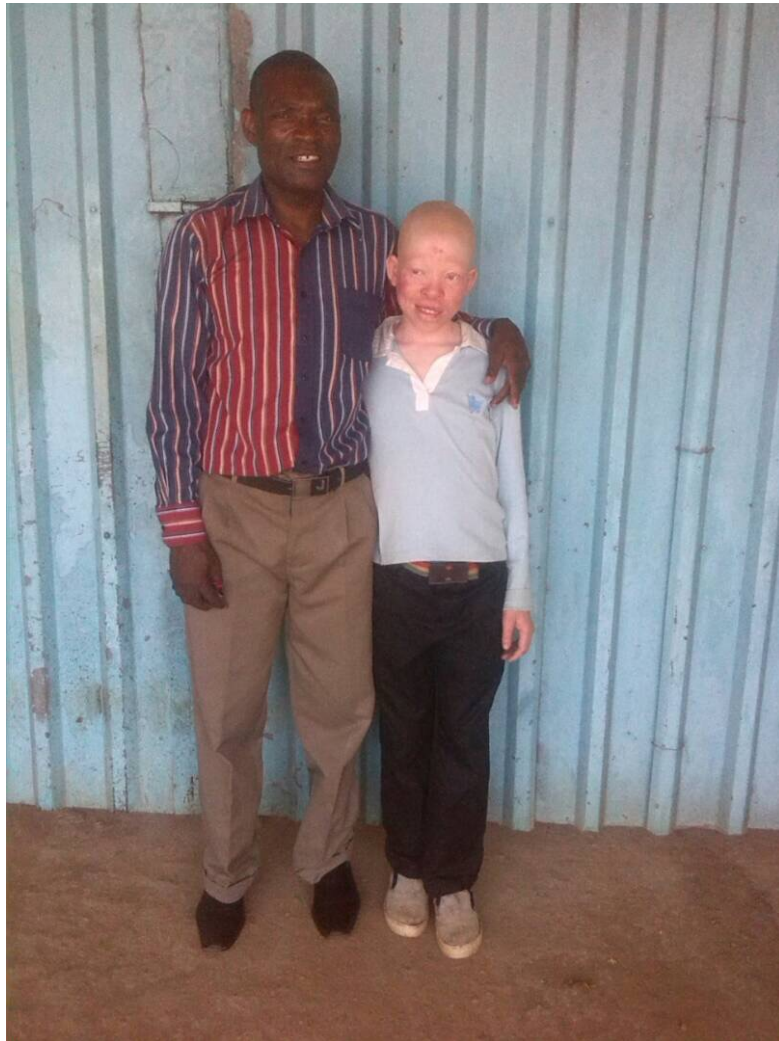




## 2017 End of year report Fondation Eagle



If no one cared...

world medical fund for children

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

Medical Advisers: Rev'd Dr Anne Bayley • Dr Faiz Kermani • Dr Caroline Lockley • Dr Tim Wiggin.

## Our heartfelt thanks to Fondation Eagle for the wonderful support we received in 2017.

The donations totalling £45,890 in 2016  
ensured that whilst we faced many grave challenges  
no sick child who came to us for help was turned away.

It made it possible for us to treat 30,000 sick children  
and ensured that at least a thousand of those we  
treated did not end up as just another sad, anonymous  
statistic in the child mortality tables.

**The front-page image is of a child with  
albinism who came to us fearing for her  
life.**

**The unspeakable horror of attacks on  
these children for their body parts, a very  
recent development in Malawi is  
something that as an organisation  
focused on the welfare of vulnerable  
children, we cannot ignore.**

**We must take on this new challenge...**

*(see page 7).*

## Expenditure:

<b>Item</b>	<b>Budget</b>	<b>Expenditure</b>
Twelve-month supply of medicine, mobile clinic	£19,596	£21,742
9,257 treatments for malaria	£9,114	£9,110
9,000 malaria test kits	£7,290	£7,210
1,000 mosquito nets	£4,890	£4,830
5 new tyres for the Mobile Operating Theatre	<u>£5,000</u>	<u>£4,919</u>
	£45,890	£47,811

Overall overspend was £1,921, mainly on medicines.

## The general situation in Malawi.

**In healthcare:** grim; hospital staff unpaid, shortages of all medicines, clinical staff spending far too much time at workshops of little value but with generous allowances. Rural areas are still without access to basic healthcare.

**Civil:** shortages of basic essentials, rising prices, constant failure of electricity and water supplies – most days we have no electric supply to our office/medical centre.

An extract from the letter of the CEO of Electricity Supply Corporation of Malawi (Escom) published in the Nation newspaper “The country will continue to experience a shortfall in electricity supply unless the country receives normal to above normal rainfall for a period of about five years consecutively” dated July 31 2017.

**Political:** although there is widespread discontent there is no evidence of serious civil unrest and/or demonstrations.

### **The demand for our medical services to children was greater than ever before; we work with extremely poor communities.**

- These are challenging times with funders moving away from grant funding towards social enterprises whilst the greatest need by far is for childhood illnesses for those who live far below the poverty line.
- We are still here, supporting those communities far from the tarmac roads, otherwise forgotten at the bottom of the pile of humanity.
- We must remain positive about the future but how could we not be when we can see a child able to smile again as a direct result of our endeavours.

### Our Work: Medicine to treat 30,000 sick children:

The donation was for £19,596 – we overspent by £2,146 made up as follows:-  
 In Malawi we spent £20,778 (18,803,764Mk) through wholesale pharmacies.  
 In the U.K. £964.35 from Durbin plc (£535.70 + £27.60 + £401.05)

We have to make considered clinical judgments every day; one area of particular importance is in the prescribing of antibiotics. We have seen what a massive challenge it is reducing their prescription in primary, secondary and tertiary care in the U.K.

GPs are at the forefront as they have more health interactions. The critical difference between primary care in the U.K. and our mobile clinics is that we cannot say to the child patient “Take these painkillers and come back if it has not improved in a couple of days” as our clinics operate on a four weekly schedule.

Let us take a child who presents with a throat infection. The concern is, could it be due to a group A, beta haemolytic streptococcus? We have no access to sophisticated laboratories to perform the relevant tests on throat swabs and blood samples, nor the on site availability to tell the child to return for the results in 2 to 3 days. Left untreated one possible outcome is rheumatic fever, with resultant heart valvular damage, that causes a shortened life of breathlessness without access to valve replacement.

That's one of our dilemmas as plenty of youngsters still get this infection; proven by the fact that some present late with the classic Sydenham's chorea - also known as St Vitus dance; an auto-immune response to the infection that has been left untreated.



Our policy is, to follow the advice of our medical advisers who are highly experienced in the delivery of medical care in Africa and when faced with this difficult choice, to prescribe antibiotics to the child.

**Practical solutions:** in the field we need to use some ingenuity at times. Here a nebulizer for an asthmatic child is made up from an empty water bottle...

### 9,000 test kits for malaria and medicine to treat 7,200 confirmed cases:

The donation was for £16,404 made up of £9,114 to purchase LA (Lumefantrine & Artemether) medicine to treat 7,200 cases of malaria and £7,290 to purchase 9,000 malaria test kits.



The total expenditure was £16,320 – a £84 underspend.

The front page of the highly respected Nation newspaper in Malawi for the 7<sup>th</sup> March 2017 says it all.

In the past international agencies have funded these two essentials items but they have not been available in Malawi.

USAID has demanded immediate action and prosecution for those responsible for these life-saving items “disappearing”.

Whatever the cause, whoever was responsible is not for us to determine – we have to face the sick children with malaria who come to us for help and who may die if we

cannot treat them.

**On behalf of the children we were able to diagnose and treat and the many, whose lives we were able to save we wish to pass on our immense gratitude to Fondation Eagle whose generosity made it possible and for helping us in our time of need.**

We always negotiate as hard as humanly possible to get the best deal for all our supplies and the great news is that we have negotiated a reduction in the price of the LA. The wonderful effect for us is a treatment cost per case coming down from £1.26 to £0.98. Whilst we are seeing a significant rise in demand because the Mission or Government Hospitals have no LA on their shelves the end result is we can now treat 9,257 cases of malaria in 2017.



### 1,000 mosquito nets:

The donation was of £4,890 for us to purchase and distribute 1,000 quality mosquito nets. At the relevant exchange rate the total cost was £4,830 – leaving a small underspend of £60.

It is essential to use only quality nets as they last for many years; there are cheap nets available but they represent a false economy as after a few months or two they are no longer usable.

The cheaper nets are lightweight and green in colour and were recently given out by the Malawi government as an incentive to persuade women to give birth in hospital, rather than with the Traditional Birth Attendants whose practises have now been outlawed.

We met the head of the Malawi Malaria Control Programme in July 2017 and liaise on a regular basis. He stressed to us that mosquito nets remain the only effective weapon in the battle against this killer disease.

**Malaria is still the greatest killer in sub Saharan Africa and the only practical preventative measure is a net that two, three or even sometimes four children can share.**



We purchased the nets from Population Services International who are seen here delivering the nets.

Before distributing the nets we demonstrate how to use them.

Most importantly, they come treated with long lasting insecticide.

The supply of mosquito nets is a very cost effective policy.







Two newly qualified junior doctors spending their medical elective placements with us assisting in the distribution of mosquito nets.



### **Children with Albinism being hunted for their body parts**

This recent and horrendous practice has reared its ugly head in Malawi. Unscrupulous witch-doctors claim that amulets made from the bones of albinos contain gold and will bring great wealth to the wearer. The following is a report received from our Chief Clinical Officer; it relates to the girl pictured on our front page..

*We are facing an emergency, this is eleven year old Talandila. She came running into our medical centre at Nkhotakota in a terrified state, pleading for our help.*



*She told us that on her way to school she had been chased by who she was sure were the evil men who use body parts from people with albinism for witchcraft. I comforted her and then drove her to school to report the incident to the headmaster.*

*The mutilation or killing of children with albinism is the horrific reality we are now facing in Malawi. They are going missing without trace or found murdered with missing body parts. Graves where people with albinism have been buried are being violated.*

***The reason is witchdoctors are claiming they can make you rich through magic using the bones of people with albinism, which they claim contain gold, to make amulets.***

*With the increasing poverty levels within the country, there is a great demand. Whilst adults are being attacked when going to their fields, it is the children with albinism who are at the greatest risk. Fearing for their lives, many have ceased going to school. I strongly feel there is need for an immediate community awareness project and support for People with Albinism”.*

*Chief Clinical Officer.*

Our response will be to launch a public education initiative through every school in the region. Employing the strategy we have used with great success in our HIV/AIDS education project we will rely on the young to educate their parents and guardians.

A key facet of the project will be to recruit “Buddies”; who will accompany the children with albinism to and from school – because many are too frightened to attend.



The following sad poem was written by a child with albinism and given to our CCO.

Ha! Had I known,  
for the fact that the womb just produces what it wishes  
Had I known,  
I could have asked it to be a white person or one with black skin  
Had I known, I wouldn't have allowed myself to be born

Ha! Had I known,  
since you can't tell God how to create you  
Had I known,  
Ooh I would have wished to be changed  
Now they say we are bait, not for catching fish but for money

Ha! Had I known,  
now they see us as we are 'mita'  
Mita is a million,  
Ha! Had I known

Ha! Had I known,  
people have money and yet they don't want to protect us  
But rather make money using us, they call us Gold  
Ha! Had I known

Ha! Had I known,  
people are spending their money to protect animals in game reserves  
Instead of protecting us,  
how I wish I could have been an elephant  
Ha! Had I known

**Sourcing medicines:**

We have historically sourced our medicines in country to save shipping costs and only deal with recognised, long-established pharmaceutical wholesalers. The government-run Central Medical Stores in Lilongwe rarely if ever have stocks of the essential medicines we require.

**Counterfeit medicines:**

We have been keenly aware of the widespread existence of fake medicines in Africa, primarily originating in China for many years. Fake medicines with no active ingredients are potentially lethal, even worse though are medicines with tiny ineffectual amounts of active ingredients as they will not cure but create resistance to that particular drug.

This could well be the cause of the total resistance to artemisinin, now a grim reality in S.E. Asia. This is the vital treatment for malaria we rely on every day.

We monitor as best we can the outcomes from the children we treat and are confident that the medicines we prescribe are genuine – but can we do more?

**Options:**

There are two major pharmaceutical wholesalers in Europe (listed below) who supply generic medicines at low cost to NGOs for use in the developing world. Proper quality controls are in place and we could source all of our low weight medications (tablets, capsules etc.) from them and only source items that would be too costly to airfreight, such as syrups, lotions and saline in Malawi.

We are currently working on a cost comparison analysis and it certainly appears to be a viable option – final decision by 1<sup>st</sup> January 2018.

**Durbin Pharmaceuticals** in the U.K. is one of the world's leading specialist medical suppliers. Established more than 50 years ago in 1963, they source and distribute pharmaceuticals, medical equipment and consumable supplies to healthcare professionals in over 180 countries.

**IDA Foundation** in Holland is an independent social enterprise providing medicine and medical goods to healthcare organisations worldwide, at the best price possible. It works with international and local NGOs, large funding organisations, ministries of health and central medical stores, and smaller charity or mission hospitals.

## Misuse of funds at the Malawi Ministry of Health:

(Breaking news today November 9<sup>th</sup> 2017).

Close to K1 billion is what the Ministry of Health has failed to account for after paying allowances, a June 2016 audit reveals, highlighting never-ending fraudulent activities that have paralysed the country's health sector.

The audit report says K882,256,021 (close to £1 million) spent last year did not have backing documents such as invoices and receipts. It further says payments were made in form of allowances, part of the money was paid to people that could not be traced while other payments were made using rates that are not approved.

About K265 million was paid out in allowances to officers who are not bonafide civil servants and K399 million was paid out to people that cannot be traced whereas K61 million was paid to non-deserving staff.

It was discovered that money amounting to

- K61,537,000 was paid to non-deserving staff.
- K265,423,140 was paid to officers who are not bonafide civil servants.
- K399,421,090 was paid to officers whose names cannot be traced.
- K73,475,400 was paid using inflated rates," reads the 2016 financial audit report.

The audit report, which discloses weaknesses in financial and internal controls in the implementation of Centre for Disease Control Malawi funding activities, says that allowances were paid to non-medical personnel which included secretaries and messengers.

"We believe these officers were included for the sake of drawing the allowances and were not involved in the actual assignment. These officers, therefore, received allowances for an assignment they never participated [in] and should be disciplined accordingly," says the report.

The auditors obtained the establishment warrant of the ministry to cross-check the list of employees, including district health offices, and database of employees from the Human Resources Management System. But these names could not be traced in the database of government employees.

"We therefore considered these individuals as dubiously included on the programme with intent to defraud public funds."

A review of payment vouchers and other documentation noted medical personnel obtained allowances using the designation of other medical personnel that is different from what they hold. For example, the report says that "Hospital attendants and health surveillance officers were indicated as nurses and medical assistants indicated as pharmacy technicians and received allowances such as ART/PMTC refresher trainings."

The report reveals that the ministry failed to prepare bank reconciliations and payment Management System Reconciliations, an accounting requirement for any organisation to prepare monthly bank reconciliations. The ministry failed to prepare the reconciliation for the entire period under review.

The report also notes that money was mismanaged from the Support for Nutrition Improvement Project where external travel allowances were paid at higher rates.



## A CASE STUDY

### LARVA MIGRANS

Only those who have once been infected with Larva migrans know how painful and uncomfortable the condition is. Larva migrans aka subcutaneous Larva migrans infect a significant number of the children in the area where we conduct our Mobile Clinics.



This condition starts when the larva of cats or dog hookworm enters the skin of the feet, hands or buttocks and causes an itching inflammatory reaction during its trip through the skin which can be seen as a worm shaped red swelling which changes place continuously. When the larva is changing place it causes unbearable itching and the child scratches which leads into breaking of the skin. The broken skin becomes infected in majority of the children. When the child is crying due to itching, the parents cannot do anything to help apart from helping the child to scratch.

This condition is especially common at Nkhono clinic where the land is sandy which a good harbouring environment for the larva. Due to poor hygiene in most of the parts in Nkhotakota, most of the wounds become infected. This condition is very common among the children because they like playing on dust/sand.

If the patients with this condition is seen during the early stages, - before the skin is broken, it can be treated using a single dose of Albendazole, either one or two 200mg tablets dependent on age/weight. The cost of treatment at this stage is very low, less than a couple of pence (UK).

But if the child presents late in the infection process and the skin is broken and infected, it will require adding antibiotics to treat the infection.

If the patient presents at very late stage the treatment will involve more drugs such as:

**Treatment;**

1. Albendazole 200 mg top take twice per day for 3 days.
2. GV paint to cover for the infection.
3. Erythromycine 125 mg 4 times per day for 5 days.
4. Panadol 175 mg 3 times per day for 3 days.

Report by;

**Chief Clinical Officer**



### A CASE OF A BOY WITH EYE CONDITION

A 6 years old boy was brought to our clinic at Msindwa with complaints of pus discharge from his left eye for a month.

The mother told us that she first saw a rash on the side of her child's right eye which increased in size



and shape. Later the mother realised it was a ring worm. She started applying traditional herbs in liquids form but never improved instead the ringworm kept on increasing in size and it covered the whole of the right eye. She then told us that when the whole eye was surrounded by the ringworm, she then noticed that her child started complaining of painful eye which later become red and started discharging pus. A friend to the mother gave her tablets which she crushed and applied the powder into the child's eye but there was no improvement. Instead the condition worsened and the child

started having sleepless nights due to pain.

On the day the child was brought to our clinic at Msindwa, he was crying with pain.



On examination, the child had:  
Red eye on right side with a lot of pus draining from the affected eye,  
infected Rash around the right eye.  
The child could hardly see with the affected eye, had swollen eye lids and was unable to open the eye.

The diagnosis was the child had infected ringworm which also infected the right eye.

The child was diagnosed as having

infected ringworm and Fungal or Bacterial eye infection.

The child was treated with an antifungal as well as with an antibiotic to cover for the infected Tinea and eye infection.

The child was given Fluconazole tablets to take for 14 days and Flucloxacilline tablets to take for 7 days.





We advised the mother on eye care and drug adherence.

When the child was seen during the next visit, his condition had gone and the child was fine. The vision of the child is normal.

Without proper and effective treatment, the fungal eye condition can lead to loss of vision.

Report by;

**Chief Clinical Officer**



### From our Chief Clinical Officer.

Our boundless thanks to Fondation Eagle; your support has made it possible for us to achieve so much and save so many young lives during challenging times.

The situation in Malawi is bad; there are shortages of all basic essentials and general discontent. The newspapers are asking the right questions, where have all the donated medicines gone? Why are salaries not being paid? There must be guilty parties in places of power and control.

Our premises have been attacked twice in the last twelve months, by a gang of youths who did an immense amount of damage and by an adult male more recently. The local magistrate told the adult male he is tired of seeing WMF being attacked as we provide free medical care for children so to make an example he sentenced him to three years imprisonment with hard labour as an example to deter others.

I am pleased to announce we are receiving more and more junior doctors and final year medical students. They really make a great difference sharing the workload. I am pictured with one of our groups together with Mary – our first State Registered Nurse who as part of her course studied project management at university and is a great asset.



Every day we thank you in our prayers for all your support. The well and water tank are a wonderful monument to your generosity that we appreciate every single day. Thank you again, your kindness will never be forgotten.

### Chief Clinical Officer

## Cases Treated 2017

Abscess	86
Anaemia	781
Arthritis	174
Asthma	532
Bilharzia	886
Burns	24
Dental Carries	62
Diarrhoea – bloody ( Dysentery)	630
Diarrhoea - non bloody	1,342
Ear Infection	1,685
Ear wax	297
Epilepsy	74
Eye Condition - Allergy	597
Eye Condition – Bacterial	1,860
Gastroenteritis	1,963
Heart Abnormalities	21
Infected Sores/ Ulcers	193
Larva migrans	164
Malaria	11,986
Malnutrition	185
Muscular Skeletal pain	497
Mumps	14
Nephrotic Syndrome	48
Oral Candidiasis	226
Oral Sores	104
Respiratory Tract Infections	8,241
Rheumatic Heart Disease	30
Sepsis	290
Skin Condition - Viral	340
Skin condition - Allergy	610
Skin Condition – with Bacterial Infection	680
Skin Condition – with Fungal Infection	1,020
TB Suspects	122
Tinea Capitis	312
Tonsillitis	40
Urinary Tract Infection	282
Worms	740
<b>TOTAL</b>	<b>37,138</b>