Interim report June 2018 for Fondation Eagle (ref 436 – 033).

Grant for £33,600 accepted 17th November 2017.
Location: Nkhotakota, Malawi.
world medical fund for children
Medicines & test kits for our children's mobile clinic at Nkhotakota, Malawi.
Exchange rate on the 7th December was £1 = 968Mk making a total of 32,524,800Mk
The project covers 12 months of our mobile clinics that are an ongoing programme.

Our mobile clinic treating a head wound in the villages.

world medical fund
for children

Registered charity number 1063756

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Our

Special thanks to

Fondation Eagle

for making it all possible.

Reaching where no one else goes….

The Need :

Access to medical care in the villages far from the tarmac road is virtually non-existent. Lack of transport and infrastructure mean the journey to the nearest district hospital will take many hours and the end result will often be a wasted journey when there are no medicines on the pharmacy shelves.

Children are always those most at risk and the WMF Mobile Clinics provide a vital life-saving service for them.

Our clinical team carry a wide range of medicines so we can treat a wide range of conditions, both acute and chronic.

The first six months of 2018:

It has been tough because we work where the need is greatest and in a way we are victims of our own success. We expected to treat around 31,000 sick children in 2018 at an average of 200 per clinic and set our budgets for that.

What we have found is that the unprecedented increase in the number of sick child presenting at each clinic we saw in late 2017 has continued exponentially in 2018 and we are now treating up to 400 at each clinic.

That means we are having to work far too late in the villages, that brings the unacceptable risks of having to drive back to base during the hours of darkness which is forbidden by virtually all NGOs because of the dangers involved.

It also means our budget for medicines has been virtually used up already and we will have to dip into our reserves.

Why have the mobile clinic queues doubled? No simple or obvious answer; the rainy season has been harsh and far longer than usual, there was a cholera outbreak in the first quarter and the government health sector suffers drug shortages (as usual) – but that seems hardly enough to cause the dramatic increase.

We asked the Traditional Authorities for their view and the typical response was “You always turn up, you always have medicines – that is why we just come to you…”.

We cannot keep this up and have tough decisions to make and are looking at a range of options:-

a) Treating the first 200 to arrive but keeping 10 emergency slots for the critically ill.
b) Stopping the clinics at a set hour – irrespective of how many are waiting (This is common practice in Africa).
c) Reducing the age range from 0 to 15 years to only treating under 5 year olds.
d) Doubling our personnel which would require running two vehicles and substantially increase our operating costs.

We must make a decision as soon as possible.

In fact the spread of illnesses we treat remains pretty much the same, with malaria making up around one third of the total followed by respiratory tract infections. We have already treated over 7,000 cases of malaria so far this year; MRDT test kit usage is always higher when the medical electives students are with us, they take the view better to be safe than sorry and refer for testing all febrile cases seen.

Something we planned to do this year has been put on hold; that was to perform an HIV test on the child patients we see who are possibly symptomatic of AIDS; at this stage we cannot increase our workload but this is something we will address when the situation is suitable.

One important change we have made in our Modus Operandi is to employ two retired nurses on our mobile clinic days. It is the most cost-effective option as they are fully qualified to run the pharmacy and to perform triage.

A major challenge we face at our offices/medical centre is the failure of the electricity supply; most days there is none so we cannot work effectively. We are informed that there is no solution on the horizon - so a generator is an urgent and vital need. One problem to overcome is it seems a challenge to find a 7 or 9kva single phase, key start, diesel, silent run in Malawi. They are readily available in the U.K. at good prices but the shipping costs make it an impractical proposition.

Cases Treated:

In 5 months from 1st Jan to 31st May 21,685 sick children were treated at our mobile clinics.

Expenditure to date:

The project total was £33,600 – we have taken 50% (£16,800) as the 6 month budget.

Item	6 month budget	Actual expenditure	Over/under
Medicines	10,181	19,340	+ 9,159[1]
Diagnostics/Medications	6,619	6,410	- 209
Totals	**16,800**	**25,750**	**+ 8,950**

[1] The overspend on medicines is due to unprecedented demand.

The rains in late May.

A degree of privacy when required for the patients.

Weighing the children on arrival and entering the data into the child's health passport; essential for correct dosage.

To finish on a positive note, thanks to the support from Fondation Eagle, our dedicated Malawi team and our village volunteers, many thousands of sick children have been successfully treated and hundreds of young lives.