

INTERIM REPORT

for

Fondation Eagle



Responding to the SARS-Cov 2 pandemic
in the villages of Malawi

world medical fund for children

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

F.E. reference: 579 - 2103
Date of acceptance: 4th May 2021
Amount: £14,683. Received on the 18th May 2021.
Name: Our response to the SARS-Cov 2 pandemic with PPES, food inputs, soap for hygiene and therapeutic food inputs.
Location: Nkhotakota district, Malawi.
Project period: 1st May to July 31st in 2021.
No of beneficiaries: 6,555.
Conversion rate: Calculated with the value of the £UK to MK at 1,020 and the CHF at £UK = 1.27CHF

Budget request:

PPEs for Mobile Clinics:					
Item	Cost each	No req.	Total	Currency	£UK
N95 masks	1.17	1,800	2,106	Swiss franc	1,658.27
Surgical masks*	0.197	14,000	2,759	Swiss franc	2,172.76
Clearing agent	75000	1	75,000		73.53
Gowns	936	400	374,400	Mk	367.06
Hand sanitiser	1,200	500	600,000	Mk	588.24
Gloves (Boxes)	9,346	50	467,300	Mk	458.14
Disinfectant	9500	3	28,500	Mk	27.94
Transport km	0.38	440	167	£UK	167.00
				Sub	5,512.93
Hygiene:					
Soap children	102	20,400	2,080,800	Mk	2,040.00
Malnutrition:					
RUTF per child	12,230	255	3,118,650	Mk	3,057.50
Nutrition:					
Beans per kilo	950	2,400	2,280,000	Mk	2,235.29
Cooking oil litre	1,100	1,200	1,320,000	Mk	1,294.12
Transport km	0.38	1,430	543	£UK	543.40
				Sub	4,072.81
			GRAND TOTAL		14,683.24
*Surgical masks are in packs of 2,000s					
Exchange rates:					
£1UK = 1.27Swiss franc					
£1UK = 1,020Malawi kwacha					

Expenditure:

Item	Cost	Currency	£UK
Surgical masks	2,500	CHF	1,968.50
Clearing	75,000	Mk	73.53
Transport	202,000	Mk	198.04
N95 Masks	2,187,000	Mk	2,144.12
Gowns	374,400	Mk	367.06
Hand sani	600,000	Mk	588.24
Gloves	467,300	Mk	458.14
Soap	2,223,600	Mk	2,180.00
Disinfect	66,000	Mk	64.71
RUTF	3,292,000	Mk	3,227.45
Beans	1,968,000	Mk	1,929.41
Cooking oil	1,050,000	Mk	1,029.41
Transport (Lorry)	575,000	Mk	563.73
		Total	14,792.33

This resulted in a overspend of £109.

The need for PPEs

The COVID pandemic represents an enormous challenge worldwide, continually producing variations that can reduce the effectiveness of the vaccines in current usage. We have to work and plan with the understanding that this is likely to be the state of affairs for years to come.

The PPEs we require have simply not been available in Malawi but we have been most fortunate that we have been able to purchase them, air-freighted to Malawi at highly competitive prices from ONSA Medical in Switzerland.



The cost delivered to us in Malawi is far less than we could buy them for in the U.K.

The vaccination programmes in sub-Saharan Africa are way behind schedule; in Malawi (as at December 2021) just 3% of the population have been vaccinated.

It is not just a case of the vaccines not being in place because often they are - the problem we are finding is more often a resistance to being vaccinated.

The answer to this shortfall must be in educating the public of the vital need for vaccination; we spread the word in the villages where our mobile clinics operate but this is on a very small scale compared to the need across the nation.

At our mobile clinics we continue to operate the blue/red channel methodology identifying and separating those most at risk of being infected with the SARS-Cov2 virus. We can claim a success for this methodology (that we designed and implemented in 2020) because to date none of our staff have been infected. Long term, we must not allow “familiarity to breed contempt” and relax our strict protocol on PPE usage.



Disinfectant to clean surfaces at our clinics, in our vehicles and hand sanitiser.



Soap for hygiene

Something we take for granted, a simple bar of soap - but in a poor subsistence farming family it is often a luxury they cannot afford.

The importance of soap cannot be overstated; it brings hygiene and “hand hygiene is one of the most effective actions you can take to reduce the spread of pathogens and prevent infections, including the Covid-19 virus¹”.

Proper hand hygiene will also reduce the incidence of diarrhoea, still a major killer of the young.



Over 5,000 children benefitted from this facet of our programme; each receiving four bars of soap. It created great excitement in the villages when we taught the children how to properly wash their hands with much splashing and laughter.



¹ The World Health Organisation.

Food distribution

Beans were chosen by the local community as the best food commodity as it is nutritious and stores well – along with a bottle of cooking oil.



We bought the crop from the Farmer's Cooperative to ensure the best quality and price - and hired a small truck with driver for transportation.





The food distribution process ran very smoothly.



A mother with her beans, soap and In line with the request from the local community we also supplied bottles of cooking oil.

This distribution will go a long way to easing the trauma suffered by subsistence farming communities in the “hungry season” before the next harvest.

Droughts in recent years have aggravated the problem and in the current World Food Programme report it states:

“In recent years, Malawi has experienced a rise in the frequency, intensity and unpredictability of climate shocks, perpetuating a cycle of food and nutrition insecurity”.

Malnutrition:

A persistent public health and development challenge in Malawi, child malnutrition takes a heavy toll on the welfare of the young. Based on the data gathered at our mobile clinics we estimate around 30% of under five children suffer moderate to severe stunting.

We see cases of kwashiorkor (abdominal oedema) at every clinic; it is a severe form of malnutrition where children do not get enough protein or other essential nutrients in their diet.

The solution is to make the mothers aware that feeding their child with endless nsima² is not the answer, the child must have a balanced diet.



The first step is to identify the children most at risk; Benjamin (our paediatrician) is assessing the child using MUAC.³

Two hundred and fifty-five of the children most at risk became beneficiaries of this facet of the programme and received a fourteen-day course of RUTF,⁴ a 97gm sachet of a high energy peanut based paste enriched with vitamins and minerals.

² A cornmeal porridge and the key part of the Malawian diet

³ Mid Upper Arm Circumference – the most commonly used assessment to diagnose malnutrition.

⁴ Ready to Use Therapeutic Foods



We purchased the RUTF sachets from PBJ Foods which is based at Nkhoma Hospital in Lilongwe.

The sachets are composed of peanuts, milk powder, brown sugar, palm oil and a micronutrient powder.

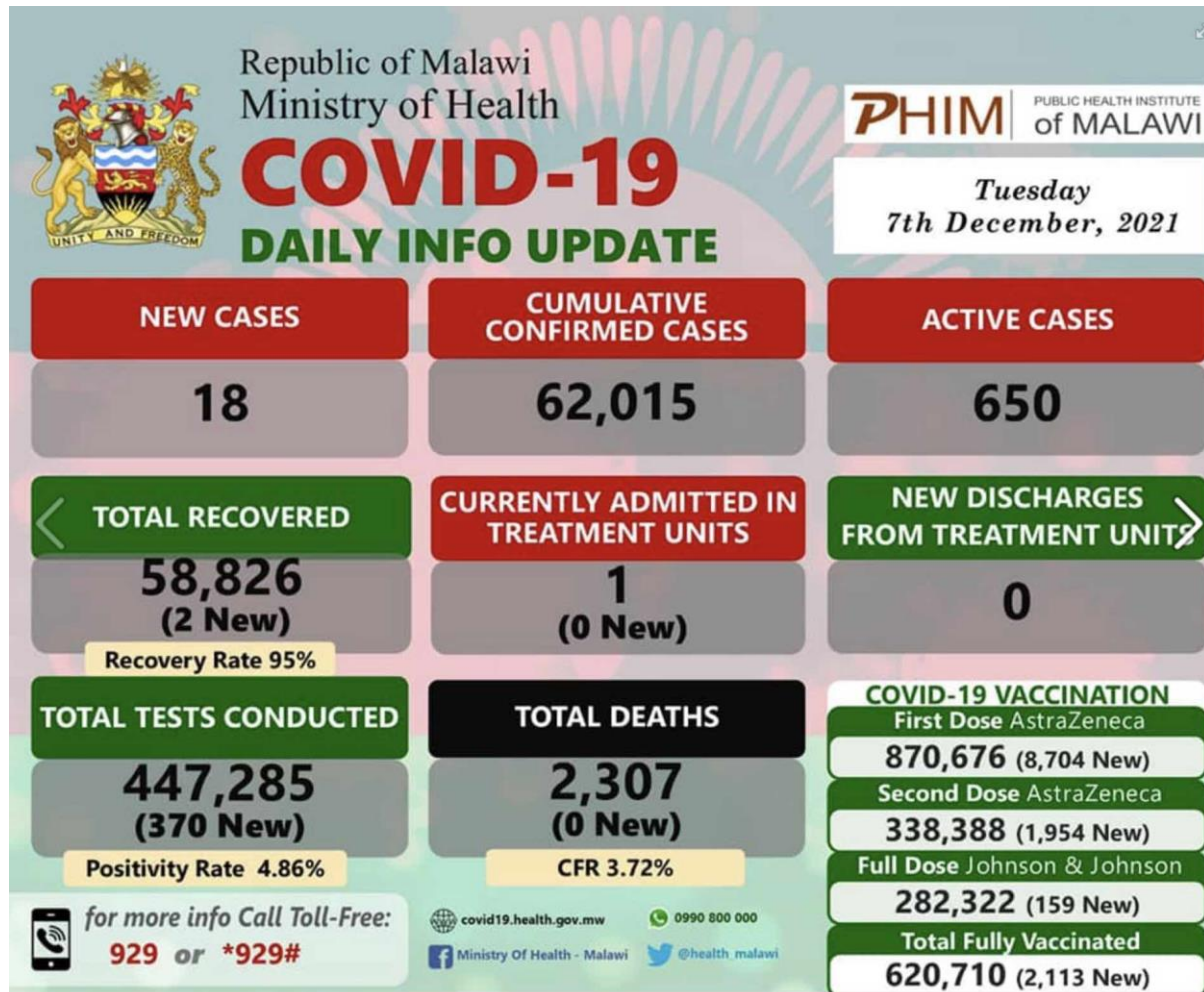
The order weighed well over a metric ton, made up of 84 cartons, each weighing 13.8 kilos.

This is the ideal short-term answer for malnutrition; the average cost is £11.99 per child.

Below we see a beneficiary enjoying a RUTF sachet.



The current situation in Malawi:



The Malawi data:

Population	19,834,756
Confirmed cases	62,015 (0.31%).
Deaths	2,307 (0.01%).

The U.K. data is:-

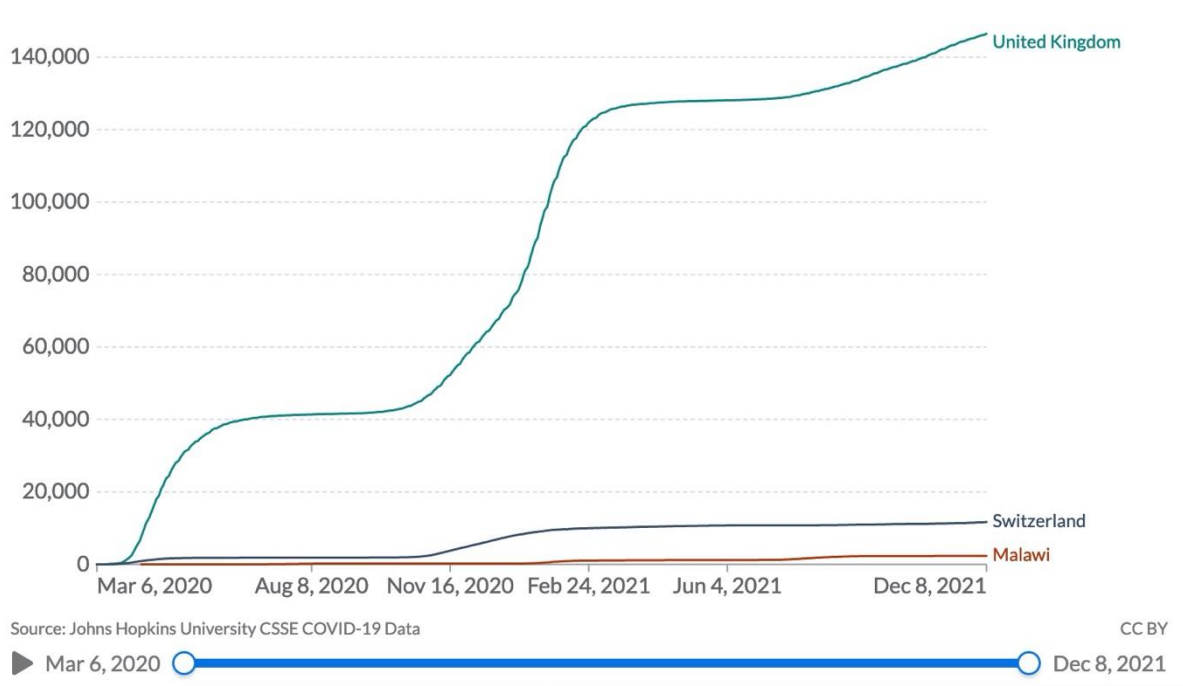
Population	68,396,535
Confirmed cases	10,610,958 (15.51%).
Deaths ⁵	170,001 (0.24%).

The Switzerland data is:

Population	8,745,045
Confirmed cases:	1, 073,341 (12.27%)
Deaths:	11,229 (0.13%).

⁵ With COVID on the death certificate rather than the more often quoted figure of any death within 28 days of a positive COVID test.

Comparative graph of cumulative deaths



Conclusion:

We are pleased to report the has undoubtedly been a success and on behalf of the communities we serve, we are delighted to pass on their sincere and heartfelt gratitude to Fondation Eagle for supporting this programme.

Our Malawi clinical team volunteered to give up their weekends so that they could play the key role in sourcing and delivering the food inputs facet of the programme - and they thoroughly enjoyed the experience of doing something completely different.

In 2022 we will mark a quarter of a century as a medical organisation involved in Malawi; our experiences with this programme has demonstrated how an essential foods element would be a worthwhile addition to our work if the funds for such an expansion were ever in place.

