

world medical fund for children



Support for the WMF Children's Mobile Clinic

Saving young lives in Malawi

Interim report for

Fondation Eagle

(ref: 600 – 2125)

a) Donor name:

Fondation Eagle.

b) Name of Charity:

World Medical Fund for Children

c) Foundation Eagle reference number:

FF 600 - 2125

d) Date of grant accepted:

25th September 2021.

e) Amount:

GBP 40,117 received 6th October 2021.

f) Name and exact location of the project:

Support for the WMF Children's Mobile Clinic at Nkhotakota, Malawi.

g) Period of Project:

06/10/2021 - 05/10/2022.

h) Conversion rate, date & amount in local currency:

£1 = 1,085Mk making a total in local currency of 43,526,945Mk.

i) Detailed budgets and actual expenditure comparison to date:

 $\begin{array}{ll} \text{Air conditioning} & 7,252 \\ \text{Medicines} & 13,000 \\ \text{For clinicians salary} & \underline{3,552} \\ \text{Total} & \underline{£23,804} \\ \end{array}$

i) Over/underspend to date:

£239 overspend on air conditioning.

Description of the project:

Purchase of medicaments for 1 year's mobile clinics treating around 25,000 children per annum.

Clinical officer's annual salary for the programme of Mobile Clinics bringing the only access to medical care for children in the villages far from the tarmac roads in Malawi.

Purchase and installation of Solar powered air conditioning for our pharmacy.

Storing medicines in our pharmacy; the need for Air Conditioning.

We work in Nkhotakota and its environs because this is where the need for our particular skills in delivering medical care in resource-poor environments is greatest. It has a hot climate and many Malawians refuse to be based here "because it is too hot".

Such heat and high humidity brings immense challenges in storing medicines because they should be kept dry, away from sunlight and above all **cool**. The temperature in our pharmacy often exceeds 40° C; we have always been aware

(and are always reminded by visiting medics) that this is far from ideal but we have never had the spare funds to invest in the solution with the demand for our medical services always exceeding our capacity to provide.

Quotations for the supply and installation of the air conditioning in the past were high; so high it would have been cheaper to have a UK based companies supply the equipment and come out to Malawi for the installation.

Prices of the equipment have recently come down significantlyafter the Malawi government's removal of VAT on solar panels made it at last a viable proposition economically.

The agreement by Fondation Eagle to fund an air conditioning unit for our pharmacy is of immense value to us.

The system is powered by solar panels and unaffected by the constant powerouts we suffer in our electricity supply at Nkhotakota and it maintains a constant 20° C for our valuable, life-saving medicines.

The quotation for supply and installation of air conditioning for our pharmacy.



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Email:

Client NKK MEDICAL FUND			Contact person; M. Katanga Quotation #: 4-225			
/ <	Et SESMILOT	/si	ANTITY	July Prict	TOTAL	
1	330wp Photovoltaic module		pieces	148,000.00	1,776,000.00	
	100Ah Narada 48V Lithium					
2	batteries	2	pieces	1,480,000.00	2,960,000.00	
3	7.2KW 48V hybrid inveter	1	pieces	1,235,600.00	1,235,600.00	
4	Panel stand roof mounted	1	pieces	295,000.00	295,000.00	
5	Metallic battery bank	1	package	120,000.00	120,000.00	
6	elecrical cables & accessories	1	package	285,440.00	285,440.00	
7	Energy monitoring system	1	pieces	-	-	
8	12000 BTU air conditioner	1	pieces	462,000.00	462,000.00	
9	Transportation of goods	1	package	120,000.00	120,000.00	
10	After sale service	1	уеаг	165,000.00	165,000.00	
11	Labour	2	packages	-	450,000.00	
				Total	7,869,040.00	

OVERVIEW

Solar power system designed to run electrical loads in Medical fund clinic.
day time usage of one 12000 BTU low Energy consuption type air
two 7.2Kw parallel run inverter with 9.6Kwh of LIFEPO4 storage modules

3.96 Kwp photo-voltaic module roof mount structure

Storage battery capacity is upgradable

Pv array capacity is upgradable

2 years warranty

Our Air Conditioning control unit maintaining 20°C.



The solar panels that drive the Air Conditioning.



Different approaches to diagnosis for the Children's Mobile Clinic:

In our early days we relied on a syndromic approach for the management of medical conditions in children.

The syndromic approach is where treatment is based on the observed symptoms that are characteristic of common diseases. It is in accordance with the local Malawian protocols termed "Integrated Management of Common Childhood Illnesses".

The justification for this methodology in Malawi is that there is limited diagnostic capacity, making it difficult to have definitive diagnoses.

Whilst the syndromic approach undoubtedly save lives and is appropriate in settings of low diagnostic capacity, it can deny or delay timely initiation of definitive management in cases where children have a rarer or uncommon medical conditions requiring definitive diagnoses for definitive management.

Our clinicians operated with just a stethoscope and otoscope in the early days; whilst they doubtless saved thousands of young lives there would have been cases that were not picked up because of limited diagnostic capabilities.

We have taken many significant steps forward since then and now have an portable ultrasound machine, a superb Electrocardiography machine with A4 size print-outs (a donation from a group of final year medical students who spent their medical elective plpacements with us in Malawi) and most recently a major step forward with a Full Blood Count machine.

This has transformed our abilities to diagnose the less common conditions, one side effect of this is as we now treat a wider range and more complex cases, our median medicine cost per beneficiary has risen to £1.04p¹.

The following case is a typical example where a Syndromic Approach would have denied life-saving treatment of an uncommon illness in a child.

The following is presented with the full approval of the parents of the child.

Hassan Gideon Banda is a 4 year old male child from Nkhotakota district who was first seen at our Mobile Clinic on the 18th May 2021. He is the only living child of this family after losing his brother and a sister at ages of 5 and 6 respectively from undiagnosed illnesses.

Hassan comes from a poor family living below the poverty line and surviving through subsistence farming on a small plot of land.

He presented at our children's mobile clinic with intermittent fevers of unknown cause as well as abdominal pain.

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¹ U.K. prescription cost is currently £9.35p per item.

Several basic diagnostic tests were carried out including malaria rapid test, urine dipstick, HIV rapid test and all were non-remarkable.

This prompted our clinician to take the next best step in managing this child's illness by performing an ultrasound test that showed abnormal results in comparing the kidneys and a full blood count assay and came to the diagnosis of tumour of the kidney.

The child was referred to the central hospital in Lilongwe for a laparotomy and an intra-operation diagnosis of WILMS TUMOUR was made which was surgically removed successfully.



The child is currently receiving chemotherapy to minimise the risk of metastasis and is in good shape; the joy of his parents seeing their only child surviving after receiving quality medical and surgical care is immeasurable.

It is possible Hassan's siblings died of the same condition as a result of failure to timely diagnose them.

Dr A. M. & CEO M. B.

Loading the Mobile Clinic vehicle; these days we cary a wide range of medicines and diagnostic tools.



The malaria test station at our mobile clinic; we keep records of every test performed.



Interim Cases Treated 01/11/21 - 30/04/22	
Abscess	98
Anaemia	221
Arthritis	31
Asthma	302
Bilharzia	442
Burns	16
Dental Carries	15
Diarrhoea – bloody (Dysentry)	242
Diarrhoea - non bloody	167
Ear Infection	402
Ear wax	54
Epilepsy	31
Eye Condition - Allergy	186
Eye Condition – Bacterial	709
Gastoenteritis	541
Heart Abnormalities	14
Infected Sores/ Ulcers	102
Larve migrans	198
Malaria	2,946
Malnutrition	817
Mascular Skeletal pain	116
Mumps	11
Nephrotic Syndrome	43
Oral Candidiasis	140
Oral Sores	182
Respiratory Tract Infections	2,086
Rheumatic Heart Disease	21
Sepsis	160
Skin Condition - Viral	238
Skin condition - Allergy	301
Skin Condition – with Bacterial Infection	334
Skin Condition – with Fungal Infection	509
TB Suspects	61
Tonsillitis	41
Urinary Tract Infection	604
Worms	403
TOTAL	12,784

COVID Vaccination (1):

The latest data from the Malawi Ministry of Health; the figures always appear to be on the low side this may be because of limited testing facilities. The most relevant factor shown here being only around 5% of the population have been vaccinated; the greatest shortfall being in the rural areas where access to vaccination is limited at best.

The Director of health services in our region has earnestly requested us to play a role in the vaccination programme as we have the skills, know how and vehicles to make it happen.

This is an area of grave concern (for like UNICEF) we are keenly aware of the ever present risk of deadly new variants coming from Africa.

UNICEF:

"...only a fraction of Africans are fully vaccinated.

This inequity is unjust – and self-defeating. It leaves Africans – and the whole world – at the mercy of the virus. Unchecked, it can create new and more dangerous variants". www.unicef.org/coronavirus/g20-africa-equity-open-letter

