



Friends of Sick Children in Malawi

('FOSCiM' and 'FOSC')

[FOSCiM registered charity number 1140578]

[FOSC registered charity number (Malawi) C647/2013]

Establishing and developing *sustainable* paediatrics for the 50% of Malawians who are children.



AUTUMN 2022



Malawi is one of the very poorest nations of the World.

In 2021 *99.6p of every £1* received by FOSCiM from donors was applied for the frontline needs in Malawi. Very few charities can claim that sort of outcome.

Welcome to our autumn 2022 newsletter and update.



Malawi – current overview

Malawi has enjoyed relative peace and political stability since its independence from Britain in 1964. However, this landlocked nation is heavily dependent on foreign aid. Food scarcity and a cholera outbreak are current and pressing issues. A month ago the WHO reported 1,483 cases of cholera and 58 deaths for Malawi in this current outbreak.

According to the World Food Programme, some 5.4 million Malawians – or 33 percent of the population – do not have enough to eat. The COVID-19 pandemic, unusually severe weather events earlier this year (Storm Ana), and the war in Ukraine have all made things worse for this small country and its people.

An interview by *Al Jazeera* with The President of Malawi, Lazarus Chakwera, was published at the end of July. The overall message from this interview appears to be that Malawians need to prepare for tough times ahead. As if life for most Malawians has not been tough enough during more normal times, this message is quite depressing..... but, on we go and try to do what we can, at least for Malawi's children thanks to our loyal supporters and the dedicated and committed medical team in-country.

Learning of the devastation wreaked by **Storm Ana** in southern Malawi, pupils and staff at **Luton Sixth Form College** (one of our valued supporters) quickly raised £2,500 and asked us if we could use it to help some of those most affected, especially children.



FOSC colleagues spoke to some of those 'at the frontline' of the devastated areas in Malawi and as a result put together packages of the most needed essentials and then transported and distributed them to 65 families in Nsanje district, an area where a lot of people lost everything - homes, possessions and livestock.



Joe and colleagues at Nsanje

In this edition of our newsletter:

1. 15th Anniversary
2. A Kilimanjaro Adventure
3. The Paediatric Accident & Emergency Project
4. Education to achieve Sustainability of Paediatric Healthcare in Malawi
5. The Orthopaedic Workshop and 'Gang'

15th Anniversary

The end of July marked 15 years since Alexis and I first set foot in Malawi and were shown round what were then the Paediatric wards at the Queen Elizabeth Central Hospital. Little did we anticipate how life changing that moment in time would prove to be. In our subsequent efforts to support the paediatric team who have achieved so much in the years since that first visit, we have been privileged to attract an incredibly dedicated and generous 'family' of donors, for which we will be forever grateful.....thank you so much!



Hundreds of thousands of Malawian children have already benefitted from your generosity and even more will benefit in the future.

Jess Baker and Mt. Kilimanjaro



It is a wonderful example of the support and commitment we are always amazed and humbled to enjoy that a young lady from the West Midlands of England, Jess Baker, decided that, *despite her own significant health challenges*, she would attempt Mt Kilimanjaro and use it to raise money to help with the funding needs at the new

Paediatric Accident & Emergency facilities (see below). Frustratingly for Jess, just 800m from the summit she had a medical setback and was not permitted to finish the climb; **BUT** what an amazing effort, as a result of which she raised a fantastic **£4,150**.

Of course she was devastated to be stopped so far up the mountain but Kilimanjaro claims many victims, most without pre-existing medical issues. ***Very well done Jess ... what a hero!***

Paediatric Accident & Emergency

As regular followers will be aware, in the absence of what most of us would know as community General Practitioners, a vital entry point to healthcare for Malawi's sickest children is the Paediatric Accident & Emergency Department. The A&E facilities that have served so well for so many years have been overtaken by growth in demand and the needs of patients, families, and of the all important paediatric staff.



Colleague Dr Josephine ('Joe') Langton (left with two of the team) has sent this important message to share with you. Joe is the paediatric emergency medicine consultant at Queen Elizabeth Central Hospital, a Senior Lecturer at the Kamuzu University of Health Sciences, and the Chair of Friends of Sick Children (FOSC) in Blantyre, Malawi. On behalf of the

children's A&E team she would like to update you on the current renovation of the A&E and provide an opportunity for *the Malawi team* to explain why it is so important.

**Funding of £100,000 is needed to properly equip this vital facility.
Can you help, please?**

What was the rationale behind this renovation?

“As a team we are extremely hard-working and strive to do the best we can to deliver high quality care in challenging circumstances. Many of our patients present to the hospital late and are very sick, meaning we must work very hard to save them. We feel so proud when we do manage to save such children. Even for those we sadly cannot save, we know that as a team we have provided comfort to the family during this difficult time. Despite the fact we always work so hard to do the best by our patients we recognised that our A&E space no longer served the needs of our patients and the team. The emergency resuscitation room was just too small to manage all the very sick children coming in and we did not have enough equipment to be able to deliver the highest possible quality of care to all these sick children. For the children who died there was no space for them to have dignity in their death or for their family to have privacy as they grieved. More teenagers now come to our hospital, but we had nowhere private to see them. The department has been very well used over the years but it was starting to show how tired it had become, which could be non-motivating for our team. Also, the rooms were small and closed off, which could impede patient flow and stop the team working effectively together.

We came together to conceptualise our dream of being able to improve our department. Our hope was to be able to deliver children’s emergency care equivalent to elsewhere in the world and save many more sick children.”

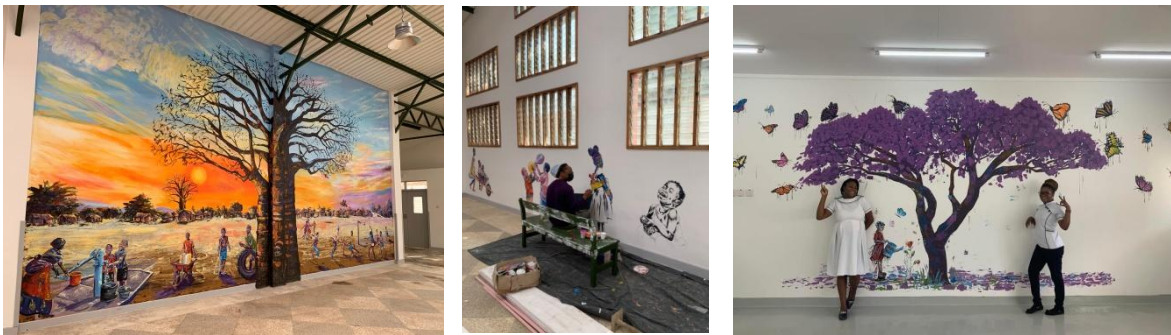
Where are we up to now?

“Thanks to Hitesh and Meeta Anadkat, who are funding most of the structural renovations, our dream is now becoming a reality. Whilst the past year has been challenging as we work in a building site, we are so very happy because the renovation has started and it is of such high quality! As an emergency department we obviously cannot close whilst this work is happening, so we are coping as best we can. What we know is that there is better to come and we have hope that our dream will be fulfilled.



“challenging as we work in a building site”

The first phase of the renovation is almost complete. It has a very big resuscitation room which made us jump for joy. This is going to have oxygen and suction pipes installed which makes us feel excited as we will be able to treat all our sick patients. Also the plan is to raise more money so that it can be fully equipped to enable us to deliver excellent care. It has two rooms specifically designed for our teenagers, so they can receive the type of care that they need and the privacy they deserve. We now have a dedicated space for children who have died meaning they can have the dignity they deserve in death and providing the families peace in their time of grief. We are most happy about the fact that the whole space has been beautifully decorated making it welcoming for all – we love it, but also know that the families we serve will also feel happy coming to see us.



“...the whole space has been beautifully decorated making it welcoming for all....”

The second phase has also been started and this contains a space for our multidisciplinary team. This space is really important to the running of the department as, whilst we love our jobs, we also manage many exceedingly sick children which can be emotionally challenging. This space provides us with somewhere safe to debrief, learn together and rest, eat and recuperate. It makes us feel very valued as a team to know that our needs and work ethic have been recognised.

The final phase is due to be started in the next few months. This will contain a short stay unit, a minor theatre, a space to manage broken bones and an isolation unit – which would have been really useful recently as we have been managing a big cholera outbreak.

To all the donors who have supported us the whole team says, thank you, thank you, thank you. *We know that we will be energised and motivated to work in this child-friendly area where we will be able to deliver the level of care we know we can achieve! We are so happy because we know that this will genuinely help us to save many more sick children.”*

Joe: “These are the words and opinions of the children’s A&E team. As their consultant I can honestly say that I am immensely proud to be part of this team and honoured to work alongside them.

It has been genuinely heart-warming to see their level of excitement and joy as this renovation has progressed and I cannot wait to work alongside them in this fantastic new space. **In terms of ongoing financial needs what remains to complete this project is to raise more funds to equip this wonderful new space.** The equipment we need includes resuscitation beds, resuscitation trolleys, dressing trolleys, patient monitors, infusion pumps, a defibrillator, an ECG machine, a portable ultrasound machine, patient transfer trolleys, nebulisers...and the list could go on!! In the current financial climate, it is hard to predict exactly how much all this equipment will cost but we anticipate that we will need another **£100,000**.

Finally, please let me add my personal thanks to all the donors who have and will make this dream come true. It has taken us four years to get to this point and I literally do not have the words to express my emotions or gratitude. Zikomo kwambiri for helping us change the lives of our staff, students, guardians and most importantly those of the sick Malawian children that we see and treat.”
Joe.



If you personally, or corporately through your business or employer, or through your contacts would be willing to help complete this amazing and vital project by contributing towards the funding of the equipment needed please contact me at gordon@friendsofsickchildreninmalawi.org Gordon.

EDUCATION to achieve SUSTAINABILITY

Sustainability is important to us and will come through Malawians being trained, qualified and experienced enough to lead and manage paediatric healthcare in their own nation thereby reducing reliance on external assistance and support. I have explained in the recent past how this is one of the key overall aims and some of you have already become valued funding supporters of this through your donations....thank you again.

Selecting appropriate individuals in whom to invest donor generosity and how best to allow donors to feel connected to the people being supported has taken longer than expected. After much thought it was decided that the most practical way to achieve this is by taking a portfolio approach and asking donors to be ‘investors’ in a group rather than necessarily in any particular individual.

So, who are these chosen few starting under this approach?

Doctor: Ruth Bvalani a 2nd year Registrar doing Master of Medicine in Paediatrics and Child Health with Kamuzu University of Health Sciences (KUHeS), known previously as The University of Malawi College of Medicine.



Nurses:



Agnes Mpinga Nyundo



Bridgette Nsusa



Wilson Store

Agnes and Bridgette - Both doing an MSc in Child Health Nursing
Wilson - Professional Entrance Examination Course



Mphatso Kadzibwa – B.Sc in Paediatrics and Child Health

Madalitso, Mphatso's wife, is awaiting her nurse training results following sponsorship also through the charity.

Help needed: If you agree with our approach to sustainability and would like to donate towards the further education of Malawians in paediatrics please follow the instructions at the end of the newsletter or contact me directly at gordon@friendsofsickchildreninmalawi.org.

The Orthopaedic Workshop and 'Gang'

– Our collaboration on mobility for Malawian children.

So many of you who participate in our annual Christmas wheelchair and home chair for tots appeal ask me about 'the Workshop' and the 'elves' so I thought it was overdue to turn a spotlight on the 'boss' Wilson Nanungu and a few of the members of his team or "Workshop Gang" as I like to call them.

Please note that Christmas 2022 orders are already being accepted!



Meet **Wilson Nanungu**, the person in charge of the Orthopaedic Centre at The Queen Elizabeth Central Hospital, Blantyre, Malawi. He says that he is a young 54 year old!

Wilson is a Prosthetist/Orthotist by profession. At the Orthopaedic Centre he supervises a number of Orthopaedic Technicians including the wheelchair production team.

Wilson holds a number of qualifications in orthopaedic

technology, prosthetics and orthotics, and in clinical methods in the manufacturing of lower limb prostheses.

Wilson lives in the Misesa area of the City of Blantyre. He is married to Miriam and has one child Nancy, who recently graduated from Catholic University of Malawi with a Bachelor's Degree in Economics. Wilson is a soccer lover; both local and international. *[as a Manchester United fan he has had a few difficult years! - Gordon]* so it is apposite that, without wishing to be disrespectful, he is a churchgoer and says he very much enjoys prayer.

Wilson believes strongly that the collaboration between **Friends of Sick Children in Malawi** and the Orthopaedic Centre has proved to be a big success story for Malawi. Many children with mobility limitations, who typically tended to be just 'dumped' in homes by their parents, have benefited a lot. Some of these children have now started going to school after receiving sitting and mobility aids such as wheelchairs, home chairs for tots and orthoses. They are also able to socialise with other children in their communities.

And here are just 3 members of Wilson's team

ALEX GERALD JAMBOH

Alex assesses patients' needs, prescribes solutions and is involved in the fabrication of the 'right' chair to meet those needs. He trains families on wheelchair use and on basic care, repair and maintenance. He also conducts follow-ups with patients.

Alex lives at Chileka Village, Machinjiri in the City of Blantyre. He is married with 3 children (all boys).



When he is not working he likes going to church, watching soccer (and Arsenal), and interacting with disabled children and seeing them achieving independence. He tells us: “Many disabled children with walking limitations are getting support from the collaboration between Friends of Sick Children in Malawi and the Orthopaedic Centre here at Queen Elizabeth Central Hospital. As caring professionals, we have gained vast experience from this collaboration.”



GILBERT CHIMPANZI

Gilbert has the same responsibilities as Alex.

Gilbert lives at Ndirande Township in the City of Blantyre. He is married with 5 children, three boys and two girls. He likes to attend church prayers on Sundays, watching soccer (another Arsenal fan!), and interacting with children with various forms of disabilities.

He tells us “As professionals we have gained a lot of experience because the collaboration with Friends of Sick Children in Malawi has allowed us to show our skills so that many children with mobility challenges have an improved quality of life and can start to attend school.”

ADZIWA MATSAUTSO WILMAN

Adziwa is a volunteer, whose roles include sewing wheelchair upholstery, painting of wheelchair frames, cutting of wheelchair components for assembly, and fitting of tots on home chairs. Adziwa lives at Bangwe Township in the City of Blantyre. She is married with three children, all of them girls.

Her interests include going to church, chatting with and assisting people in the disability sector, and she enjoys playing football with blind people.



What now?

The **biggest** current funding needs are, as described above, being:-

1. for medical equipment for the 'new' Paediatric A&E, and
2. to support the further education of Malawians in paediatrics.

We are always proud to say that **more than 99%** of every donation received is available for use 'at the frontline' for the healthcare of Malawi's children. **[2021 - 99.6%]**

If you would like to discuss how you might help us with **any** of our funding or other needs, challenges and issues, please simply email me or Joe for a 'chat' at:

gordon@friendsofsickchildreninmalawi.org

joelangton@doctors.org.uk

To make a donation.....you can do this online or directly by bank to bank payment or by cheque if in the UK.

Bank to bank donations or donating by cheque are **free of charge, but only in the UK.**

Please be aware that if you donate on line, intermediaries like PayPal and Just Giving all deduct charges from your donations but when making your donation you may be able to opt to cover some of their charges so that more of your donation comes to the charity.

<https://justgiving.com/friendsofsickchildreninmalawi>

IMPORTANT ~ Donors who are also UK taxpayers should donate through FOSCiM (rather than FOSC). This is so that 25% Gift Aid can be added to their donations courtesy of HM Government.

Bank details for direct donations.

Please **identify yourself** in the appropriate box of the electronic transfer so we know who to thank.

UK FOSCiM bank details: at HSBC

Account name: Friends of Sick Children in Malawi

Bank sort code : 40 – 11 – 04

Bank account : 2 1 6 1 2 0 6 9

Malawi FOSC bank details:

Bank : National Bank of Malawi

Swift Code (BIC) : NBMAMWMWXXX

IBAN / Account : 358328

Bank code: 002

Branch name: Chichiri branch

Reference : FOSC GBP AC

Finally, on behalf of everyone involved in supporting the establishment and development of sustainable paediatric healthcare for the 50% of the population of Malawi who are children, and on behalf of those tens of thousands of children and families who benefit every day from your generosity, a very big thank you and please keep supporting us to whatever extent and in whatever way you feel able.

Please feel free to email me for 'a chat' if you would like to explore further any of the above issues in the newsletter or if you have any questions.

Sincerely,

Gordon



Gordon Cowie MBE
Founder and Chair of Trustees
Friends of Sick Children in Malawi
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gordon@friendsofsickchildreninmalawi.org

[Social media addresses](#)

Instagram: @foscmalawi

Twitter: @of_fosc

Facebook:

Friends of sick children Malawi

If in future you would prefer not to receive our newsletter please advise us at the email address above. The same applies for any other communications that we may send from time to time.