



# Friends of Sick Children in Malawi

FOSCiM registered charity number 1140578  
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## SPRING 2025



Malawi has the fourth highest percentage of people living in extreme poverty in the World. That's more than two-thirds of the population, almost all of whom rely on precarious, small-scale farming for their livelihoods and survival.

In 2024 **\*99p 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 for their donors.



## WELCOME to our Spring 2025 newsletter and update

I start this edition of our newsletter by reporting the good news that I had a very productive visit to Malawi in November. Feedback from my visit follows below. There is even more good news in this edition but first I need to advise readers of some potentially very bad news for the whole Malawi health sector.

**More than half** of Malawi's health funding comes from donors! On 25<sup>th</sup> January the USA President issued an executive order freezing USA international aid. As a result, Malawi, along with 26 other named countries, will struggle to cover the US funding gap in the health sector. At the same time, European governments are trimming their foreign aid budgets.

*Nation Online* (a Malawi newspaper) reported a representative of Malawi-Liverpool Wellcome Trust Clinical Research Programme as saying that the aid freeze will have severe consequences, and a lecturer at Kamuzu University of Health Sciences' School of Global and Public Health is reported as saying that to mitigate the adverse effects, the Malawi government will need to re-prioritise and reallocate budgets to sustain essential services.

Personally, it is hard to see how health services, and indeed all other Public services in Malawi will not be negatively impacted by these foreign aid changes. We simply have little choice but to watch from the sidelines and react however we can to best protect the progress made in Paediatrics this millennium and maintain as much momentum as possible.

With **your greatly valued support**, our medical and related colleagues continue to do their utmost to meet all the challenges put before them as they continue the drive to develop *sustainable* paediatric healthcare and improve the life chances of the children of Malawi.

## In this edition of our newsletter

- My recent visit to Malawi and details of **Current Needs**
- The Late Irene Duddy
- Our **1,500th** wheelchair and the 2024 Christmas mobility appeal outcome

## Report back on my recent visit to Malawi

Last November I had the privilege of spending 10 days in Malawi, mostly at the hospital but also visiting supporters and other community projects. What follows is a short account of my visit, punctuated by some photos! *[Apologies for appearing in so many of the photos.]*

The rains season in sub equatorial Africa is one of nature's amazing events! It took me a week to *almost* acclimatise to the temperatures, the humidity and the torrential downpours. All my previous visits have been in the dry season (the Malawi winter) and I may well return to that routine, but some heat in November has its positives too!! Arriving back in the UK early one morning I 'enjoyed' a 40c degree change in temperatures!!

Anyway, I was warmly welcomed to Malawi by colleagues, staff and others at QECH Paeds and had a very productive visit.

*Here right with two matrons, a senior nursing officer and consultant Joe Langton in Children's A&E.*



*Serious meeting (left) as the same senior staff make sure that I am fully up to speed with their situation and the many needs!*

Entering the Children's A&E on my first day, I was instantly confronted with a very stark reminder of the reality for sick children in such a resource poor nation and environment. At the same time, it was enormously encouraging to witness the staff in action in the improving facilities. When I think back to 2007, when Alexis and I first witnessed paediatrics at QECH, so much progress has been made thanks to your support and the commitment of the staff. So much more has still to be achieved but we keep moving forward.

My visit coincided with International Prematurity Day:



*Two of our star team players!*



*I'm at the very back!*

Sadly, I found Malawi as a nation to be in a fairly parlous state, with petrol and fuel supplies erratic, inflation making survival even harder, and a government gearing up for a general election later in 2025 so 'fighting selective fires' rather than trying to improve 'things'. Amazingly, the people still manage to smile but there were many obvious examples of the deterioration in living standards.

It is worth considering at this point that the principal planks that colleagues are pursuing in developing sustainable paediatrics in Malawi are:

## **1. EDUCATION AND PERSONNEL DEVELOPMENT IN PAEDIATRICS**

### **Nursing and direct patient handling skills**

During 2025 we were blessed by a substantial donation by way of a legacy from the estate of a senior nurse in Ireland (see below).

### **Doctors and related professionals**

Support both for those in training and stipends for those registrars for whom the Government pay is below even basic living levels.

## **2. FACILITIES AND EQUIPMENT**

Part of the legacy referred to above is for facilities and equipment. That is a very welcome and valuable boost. Whilst the demands for paediatric healthcare continue to grow, Government investment does not keep pace, so the need for funding for paediatric facilities and equipment has to come from elsewhere.

The costs of medical equipment necessarily sourced from outside Malawi plus the safe transportation costs into Malawi mean that our money does not go as far as it would if, for example, we were procuring for Europe.

Many of you enquire of me throughout the year about our current needs and costs so I am taking this opportunity to cover many of the pressing challenges being faced at 'the front line' right now and the funding required to meet them.

Your continued support means that progress can be made *despite* Malawi Public Sector constraints and I hope that you will look kindly on our needs.

At the moment the **renovation of the Paediatric Special Care Ward (PSCW)** is a priority. The PSCW 'caters' for child patients struck down by all manner of medical problems

requiring special care. It has roughly 40 'beds' but the demand at the height of the rains season can see 3 times that number of patients, sharing beds etc.

When during my visit I saw the current state of the PSCW I was moved to raise it with the Hospital Director expressing my concern about the fabric of the building. Whilst he agreed that there was a very current need, alas there was no money in the hospital budget to assist.

**However, the good news is that the legacy money (see below) will help fund this vital renovation.**

**Piped oxygen for the Nursery Ward** is also an important need. Again, we are fortunate to have secured donor funds to help us with that development.

**BUT ..... where we need funding help .....**

On the current 'needs' shopping list are the following for which we need funds:

- Re-agents for the laboratory                      **Open ended** funds need
- Infusion pumps    They cost about **£750** each
- Vital signs monitors                                      They cost about **£2,000** each
- Drugs – to augment the State supply              **Open ended** funds need

**Ongoing needs for the newly renovated Children's A&E include the following:**

### **Resuscitation Trolleys**

An URGENT challenge to resolve is the need for 10 resuscitation beds within the children's A&E. Currently, sick and injured children are resuscitated on low level beds with soft mattresses. This significantly hinders the ability to adequately resuscitate these children and means there is an increased need to move these sick/injured children between the beds and trolleys to facilitate transfer for investigations, which can result in a deterioration in their condition. Additionally, these low-level beds have started to cause significant problems for the limited number of nursing staff, as they are suffering with back pain, which is impairing their ability to work.



One resuscitation bed costs about **£5,000** meaning the total required to be raised is **£50,000** and again there is the cost of secure transport from supplier to hospital to fund on top.

Other items required for A&E include:

- Portable monitors    They cost about **£4,400** each
- Defibrillator    They cost about **£7,500** each
- Portable suction machine                                      They cost about **£1,200** each



## Portable X-Ray Machine

Many child patients are just too ill to be taken to the main adult hospital radiography department for X-Rays. The answer would be to have a portable X-Ray machine. The challenge is that one of these costs as much as **£50,000/\$65,000** plus secure transport from supplier to hospital to fund on top.

**Your help with any of these current needs would be greatly valued and appreciated.**

See donation details on the final page. For offers of help in other ways please email Gordon.

## Fundraising plans from colleagues in Malawi

Rest assured that the FOSC team and paediatric department in Malawi also continue to make every effort to raise funds to support the departmental requirements so they can continue to deliver the highest possible quality of care to the sick Malawian children, despite this challenging time!



This year they plan to hold a big fundraising activity, where Dr Joe Langton (pictured page 2) will run the 110km around the largest mountain in Malawi, the Mulanje Massif (left). She hopes to be joined by other members of the department and keen local runners along the way.

The aim is to raise the profile of FOSC within Malawi, obtain sponsorship of the runners and secure regular local financial support.

The Malawi team wants this event to be a massive celebration of all that FOSC/FOSCiM has achieved and spread this news wide and far...from the top of Mulanje itself...so to speak! Sponsorship will be used to help acquire the equipment required within the department. Throughout the event there will be regular video updates shared from the runners and showcasing what has been achieved by FOSC/FOSCiM within the department to date, whilst also highlighting the ongoing needs.

The team hopes to use these updates to launch a platform for more regular video and similar communications from Malawi to our longstanding financial supporters from across the world!

The Malawi team would also love to welcome any regular donors to visit Malawi for this event so that they can come and meet the team and see what their money has enabled within the department.

So, watch this space for more details about this event.

If you would like to sponsor Dr Joe and the runners, please use this link:

<https://www.justgiving.com/fundraising/Paeds-ae-malawi>

## Some more colleagues in Malawi



*With the inestimable Matilda and Merline, the 'Back Office' in Malawi.*



*Classroom teacher Wezi and, on the day, one of her patient pupils, Dennis.*

## Tribute to the late Irene Duddy OBE

We lament the passing of Irene Duddy who generously left a significant legacy to the work at Paeds in Malawi.



Ann Irene Duddy was born on 24<sup>th</sup> February 1950 and after leaving school she trained as a State Registered Nurse in Belfast City Hospital, Northern Ireland.

This was followed by a postgraduate course in Psychiatry and then a BSc in Nursing.

After a time as a ward sister she moved into management and became Director of Nursing for the Western Trust.

At the time of her retirement she was Acting Chief Executive of the Trust.

She received the OBE in 2009 for services to nursing.

Irene developed an interest in Friends of Sick Children in Malawi in 2010 and was instrumental in raising funds for equipment for Paediatrics at QECH and other projects in Malawi.

Irene was keen that her legacy would help to further enhance nurse education and improve the lives of the children of Malawi. Accordingly, she expressed her wish that her legacy to Friends of Sick Children in Malawi be used for the education of nurses and to the provision of medication and equipment.

**So many Malawians will benefit from Irene's generous legacy**

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## 1500 Wheelchairs and the Christmas Appeal

*With most of the Workshop 'Gang' - Nov. 24*

The annual Christmas appeal continues to hit the spot with so many of our supporters.

This time a number of you suggested that your money could be used for other needs if the Workshop Christmas order book was becoming undeliverable before Christmas.

So the final result was: **73 wheelchairs, 89 home chairs** for tots and various orthotic devices ordered and all delivered before Christmas Day, **PLUS £5,100** donated for registrar stipends; **£1,900** donated to the Alexis Fund; **£1,400** to Facilities; and **£240** to fund £5 transport costs for families in outlying towns to be able to come to the Workshop.



**The total raised was £19,600.**

**We are, as ever, humbled by the response. THANK YOU to all those who helped.**

I hope donors will agree that £100 per wheelchair continues to be exceptionally good value. Realistically, even though that has been the cost to UK taxpaying donors without any change for several years, we know that may not be the case 'forever'. I will, of course, keep our followers informed if any future changes in donations for mobility aids are required but for now we continue as before.



*Out in areas beyond the city, members of the 'gang' assessing potential candidates for a mobility aid.*



*Back in the workshop making wheelchair chassis.*



## Celebrating 1,500 Wheelchairs!!

The recipient of our 1,500th wheelchair is 7½ year old **Miracle** who comes from Galawada Village, Kapeni in Blantyre district. He lives with his grandmother because he lost both parents when he was very young. Apart from Miracle, the grandmother, who is also a widow, looks after another three children. Miracle has never been to school due to his disability and lack of a mobility aid. He needs a wheelchair for school but also for postural support, comfort and general mobility.

Miracle has paraplegia secondary to spina bifida. He has pressure sores and other consequences typical of his condition, and faces some challenges when lifting his lower extremities. He has no other medical conditions and he is not on any medication.

To mark this milestone we presented the grandmother with a 50kg bag of maize flour and Kwacha 20,000 (circa £9) in cash for the benefit of her little family.

Miracle's grandmother was full of joy seeing her grandson fitted with a wheelchair tailored to his needs. The landmark gift of maize and a little money came as an additional big and very pleasant surprise for her and for which she was extremely grateful. She told us *"This has come at a right time for my little family because the country is currently facing hunger due to economic crisis"*.

We are pleased to dedicate our 1,500th wheelchair to **John Humphrys** and **Brian Donaldson** of **Kitchen Table Charities Trust** who were instrumental in helping us start this project over 10 years ago and who have continued to support the project as well as other important needs in Paediatrics.



*Alex, Wilson and Gilbert from the Workshop with 'Granny' and Miracle with his new wheelchair, cuddly animal and two sacks of maize flour.*



*Practising manoeuvring the wheelchair at home.*



## Registrars - stipends

As many of our followers are now aware, the State hospitals in Malawi have had to find funds to augment the meagre rations from the State for newly qualified medics (registrars) without whom it would be very difficult to fully function. These stipends work out at about £110 per month per person. Thank you to all of you who came to the immediate rescue for the Autumn 2024 intake.

We are trying to build funds in anticipation of the same problem existing this coming Autumn. If this is something that you would like to contribute to please let me know and donate as below.



*Some of our registrars*

### Two more pictures from my visit:



*Paeds consultant cardiologist Yami Chimalizeni with his 'precious' heart scanning equipment.*



*Jane Kajombo, Paeds Oncology psychotherapist.*

## In Conclusion

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

[gordon@foscim.org](mailto:gordon@foscim.org)

or

[joelangton@doctors.org.uk](mailto:joelangton@doctors.org.uk)

### To make a donation.....

**Bank-to-bank** is the best way to optimise how much of your donation reaches us.

#### **UK - FOSCiM bank details:**

Account name: Friends of Sick Children in Malawi  
Bank sort code: 40 – 11 – 04  
Bank account: 21612069

#### **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

Bank to bank donations (or donating by cheque) are **free** of charge, but **only in the UK**. **IMPORTANT** ~ Donors who are also UK taxpayers should donate through FOSCiM (rather than FOSC) so that 25% Gift Aid can be added to their donations courtesy of HM Government.

You can donate using [Paypal](#) or via our [JustGiving](#) pages but ***please note*** that they both deduct charges from your donations.

**JustGiving** open pages <https://www.justgiving.com/friendsofsickchildreninmalawi>

**Finally**, on behalf of everyone involved in 'the project' in Malawi and those tens of thousands of children and families who benefit every year from your generosity, a very big thank you and please keep supporting us to whatever extent you feel able.

Sincerely

*Gordon*

**Gordon Cowie MBE**

Founder and Chair of Trustees  
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