



Medic to Medic



**Annual Report and Financial Statement
July 1st 2018 – June 30th 2019**

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What does Medic to Medic do?

The aim of Medic to Medic is to support healthcare students in low-income countries who are at risk of dropping out. With our support, students can focus on their studies until graduation, and countries gain the expertise of health professionals who are so desperately-needed.

Medic to Medic works like “sponsor a child” schemes – except we sponsor healthcare students. Each donor is linked to an individual student, who sends updates on his or her progress. Donations are pooled so that even if a donor withdraws, no student is disadvantaged.

We support students training to become doctors, pharmacists, physiotherapists, nurses, mental health workers, clinical officers and optometrists in their home countries. Scholarships cover each student’s tuition fees, and other necessary allowances, as well as providing them with medical equipment, a laptop and textbooks, so that they have everything they need to successfully qualify from their course. As of June 30th 2019 we were supporting 65 students, in 7 colleges, across 3 countries and this year we saw 21 of our students graduate.

Without the support of Medic to Medic, many of these healthcare students would spend their spare time trying to find extra funding rather than focusing on their studies. With a scholarship students can concentrate on their studies, and they are more likely to be able to stay and work in their home country following graduation, which is of great importance to the sustainability and development of their countries’ fragile health systems.

3 priorities

Health Workers

We support trainee healthcare workers throughout their education, so that they can perform to the best of their ability. We want to add to the absolute numbers of health workers in training so that there are more graduates in countries with critical shortages.

Equity and Access

We target those who are under represented in the health professions, such as women or those from rural areas. We want to increase the numbers of health workers working in rural areas, so that everyone has equal access to healthcare.

Awareness

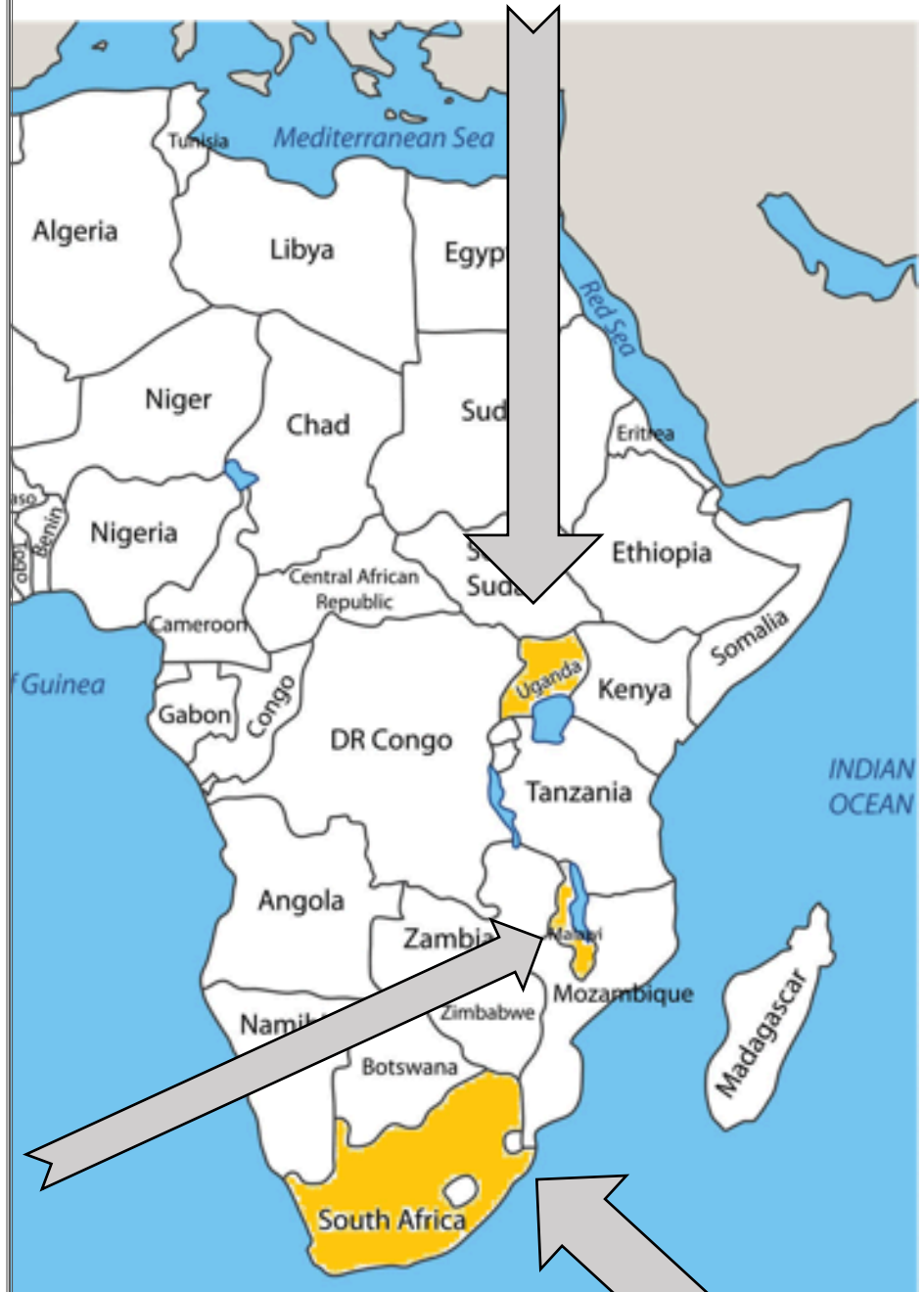
We hope to raise awareness of the different conditions facing health professionals worldwide and an appreciation of the global health community.



Where does Medic to Medic work?

UGANDA - Makerere University was established in 1922 with just 14 students. By the 1970s, it had become one of the leading universities in Africa. Medic to Medic supports 2 doctors training to be paediatricians here.

MALAWI - The national College of Medicine in Blantyre was set up in 1991 as part of the University of Malawi. Initially a medical school, it now trains a range of health professionals in Blantyre, Lilongwe, and Mangochi campuses. Medic to Medic sponsors 17 medical students, 7 physiotherapy students, 9 pharmacy students and 1 medical laboratory scientist here. Mzuzu University opened its nursing faculty in 2006. Students undertake clinical placements in the more rural northern region of Malawi, and their training is centered on the health needs of the local population. Medic to Medic sponsors 10 nursing students and 1 optometrist here. St John of God College, also in the north of Malawi, provides a unique training course for clinical officers (a type of health professional common in sub-Saharan Africa who do basic medical training) specialising in the provision of psychiatric care to the rural population. Medic to Medic sponsors 10 mental health clinical workers here. Ekwendeni College of Health Sciences trains students in a diploma of clinical medicine. Students graduate as clinical officers and run missionary and smaller hospitals and clinics in rural areas where there are no doctors. Medic to Medic sponsors 5 students training as clinical officers here. Kamuzu College of Nursing trains nurses in the central region of Malawi. We support 2 nursing students here.



SOUTH AFRICA - The Faculty of Medicine and Health Sciences at Stellenbosch University in the Western Cape is over 60 years old. From humble beginnings it has grown into an institution that produces high quality health workers and leaders in research across South Africa in both undergraduate and postgraduate programmes. Medic to Medic sponsors one of our graduates training to be Malawi's first female neurologist here.

2018-2019 in numbers

65 students supported



58%



42%

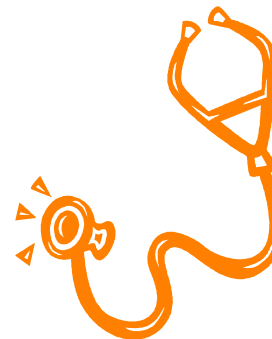


21 Graduates

- 13 doctors
- 4 mental health workers
- 3 physiotherapists
- 1 paediatrician



8 medical equipment packs



7 Universities



4 laptops distributed & 4 laptop loan schemes created



3 countries



>200kg Books Transported

Financial support provided

£55,235



Report from Chief Executive Officer

As we reflect on our year at Medic to Medic our student community has continued to grow. We've been able to expand our existing programmes as well as start sponsoring students from new programmes, Medical Laboratory Science and Optometry. From July 2018 – June 2019 we supported a total of 65 individuals – our largest cohort of students ever!

Our team of trustees has continued to strengthen. Our office at Northwick Park hospital was closed and we now have a storage unit in Northwest London to store equipment and books for our students before they are transported to Malawi. This means that we have been able to sustainably reduce our operational costs so more of our monies go towards our students.

Support to our student community is not just financial, but also pastoral. Our graduates provide mentorship support to their undergraduate colleagues. We know that our students are often exposed to the harsh realities of working in a resource poor setting. On placements they look after sick patients, sometimes without adequate resources or supervision. We hope that through this mentorship, our graduates will provide the necessary support for our students to process their experiences. This year saw 21 of our students graduate, bringing the total number of alumni to 121 - this included our first students from St John of God College graduate in psychiatric nursing.

This year, through the support of ongoing financial donations we have been able to expand our annual essay prize competition to our alumni community. Now we have three categories of essay prizes, one for the College of Medicine students, one for our Mzuzu, KCN, SJOG and Ekwendeni students and one for our alumni. One of our MBBS graduates told us that *'the writing competitions have strongly contributed to what I am today and have become one of my strongest skills.'* We know that many of the students enjoy the opportunity to get feedback on their academic writing, as well an opportunity to win a monetary prize. We hope that through opening up a new entry to the alumni, more of our graduates will be able to publish articles in peer reviewed journals with the support of Medic to Medic.

With our student community growing we have had to think of more creative ways to raise money. We have organized some Malawi movie nights to take advantage of the release of *The Boy who harnessed the wind*. This film demonstrates beautifully the challenges of bettering oneself when living in poverty. The true story of William Kamkwamba is inspiring. The truth is, there are hundreds, if not thousands more young people throughout Malawi wanting to make a difference to their family, their community and their people. We hope that we can continue to make this happen for our student community who will always remain our source of inspiration. A big thank you to our loyal community of donors, whose support enables us to continue to provide for our students.



Dr Tamsin Lillie
Chief Executive Officer



Student Quotes



"Now life at college is simple since I don't have anything to worry about fees issues although third year we don't spend a lot of time at the college but all in all am just living a happy life because I don't have issues with college to call me to settle fees issue since Medic to Medic have already paid my fees, am just able to concentrate on my studies and practical's."

"Despite, what has happened I will continue trying the level best to pass the remaining rotations and continue understanding the different conditions through the books you gave me, and I thank God for you people for what you are doing on my life for the other medical students, may the good Lord continue blessing you abundantly. Now am living a happy life, and I participate in any activity that I wish without having worries of where will I get money to buy food after this activity."

"I am really grateful for the wonderful medical equipment given me. They will help my learning better. I greatly like the equipment, they are very good. It was very difficult to appreciate some physical signs with poor stethoscope, tendon hammer and many more to mention. Missing important signs because of poor equipment is now old news."

"I would like to write you that I have finished writing my exams today and am going home tomorrow. I have written all the exams very well and am hoping to pass with flying colours. I would like to send my appreciation to the entire team of Medic to Medic for the great love you have portrayed to me. I have completed my school today because of you people, I do not have much to say but only God who knows how to bless people should bless you more abundantly."

"I hereby write to thank you people of Medic-to-Medic for the tireless support you have rendered to me all this while since you started sponsoring me. It has been a journey indeed and without your consistent support, I couldn't have made it to this far. With my deepest gratitude, I write to give thanks for the tuition fees you have been paying for me and for the upkeep allowances you have been giving to me. They made a greatest deal of my stay/learning at College of Medicine. May the Almighty who knows how to reward, bless you abundantly. This recent fee hike and rising costs of living could have compromised my academics without you. In terms of health, I am much better these days. I have never had anaemic crises. With the monetary support, I have been able to support myself with good diet. My life has really been transformed and am enjoying every bit of my academic life and social life as well. You take your time, effort, money and many resources just for us and me in particular. In your support I see great love. I am so challenged with the great love you have for us."



Dr Timothy Mutafya 2019 Graduate



"It is my pleasure to write to you again after a long time. I have taken time to write this because I was waiting for a final step in my academic life. I am pleased to let you know that I have successfully finished my medical and I am now a full medical doctor. Indeed, the road was so rough that many times I felt like giving up but I was always motivated by your trust in my capabilities and support towards my studies. I was broken mid this year but your personal support made me strong and made me perform excellently in my final exams. Your full scholarship was so timely and it changed my whole life. You have demonstrated the love I never experienced in my life and you have changed my approach to my profession. I will always reflect on your principles in my career and am looking forward to long-term interaction with Medic to Medic. It is my dream to help other students."



Meet the Board of Trustees



Catherine Madden

Cathy is a GP in Chesterfield, Derbyshire and also a trustee for a homeless charity in the UK. She spent her medical elective in Malawi in 1981 and retains great affection for the country. She became trustee for Medic to Medic in 2017 and Chair of Trustees in 2019.

Nick Mandeville

Nick qualified as a hydrologist at Imperial College London and has spent more than 15 years working in Africa and Asia, mainly training water resources staff. He now spends at least one day a week volunteering for Medic to Medic and has been a trustee since 2012. He is instrumental to our team and manages our charity accounts.

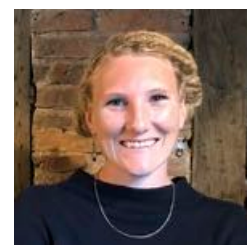


Richard Banks

Richard is a retired Renal physician with extensive overseas experience having volunteered in Ghana, Palestine, Maldives, India and Malawi. He joined Medic to Medic as a trustee in 2017. In Malawi he spent six weeks at the medical school helping with clinical work, teaching and advising on future renal therapy.

Maddy Gupta-Wright

Maddy is a public health doctor and did a PhD in medical anthropology where she lived in Malawi for 2 years to conduct her fieldwork. She has previous experience as a trustee for an international development charity and joined the Medic to Medic team in 2017.



Paul Purcell

Paul has 20 years management experience in the fields of medical research and Higher Education policy, and a specialist MBA in Life Sciences management. Paul helped Kate Mandeville to establish Medic to Medic in 2007. He joined as a trustee in 2017.

Caroline Schmutte

Caroline is the Head of Germany Relations at the Bill and Melinda Gates Foundation. She leads the foundation's work in Germany and focuses particularly on advocacy and policy regarding global health. Caroline joined the Board of Trustees in 2017.



During this year, our Founder and Chair of Trustees Kate Mandeville resigned to pursue other interests. We wish you all the best with all your future endeavours Kate! Medic to Medic wouldn't be here without you. Your initial vision has inspired all of us! Thank you to Cathy Madden, for taking on the role of Chair of Trustees.



Meet the Team



Tamsin Lillie *Chief Executive Officer*

Tamsin is an urgent care trainee working in Rotorua New Zealand with an interest in global health. She has been involved with Medic to Medic since 2009 having set up and run the Norwich medical school student branch. She has completed a Masters in International Public Health and the East African Diploma of Hygiene and Tropical Medicine. She has been CEO since January 2015.

Sheena Jaggiwan *Country Coordinator, Gift Aid Manager & Newsletter Creator*

Sheena volunteers for Medic to Medic. She works full time at a Hospice charity in London. Sheena helps run the yearly monitoring visits in Malawi, puts together our twice yearly newsletter and submits our gift aid claim each year.



Gaurav Gupta *US country coordinator*

Gaurav joined the Medic to Medic team in 2016 to help with our fundraising work in the US. Gaurav has lived and worked in Africa, Asia, Europe, and North America and is interested in the intersection of Education and Health.

Nadia Panait *Office Manager*

Nadia was born in Romania and studied journalism, tourism and economics. She did various jobs in these fields and moved to the UK in 2011. She is excited to be part of the Medic to Medic team, helping students through their education and works alongside Nick to manage the charity accounts. She works 6 hours a week for Medic to Medic and is the only paid member of the team.



Rosie Jones *Blogger*

Rosie Jones is a part time GP in North Yorkshire. She spent two electives in Tanzania and visited Malawi whilst she was at medical school in Aberdeen. She read about Medic to Medic in one of the medical publications and was impressed by our aims and the way it will improve the health infrastructure. Rosie runs the blog which shares stories from our students and graduates. You can follow the blog via our link: <https://healthprofessionalmalawi.wordpress.com/>

Interested in being on the Medic to Medic team? We're always looking for more volunteers interested in helping us with fundraising, administration and grant writing. If you'd like to get involved, email us: info@medictomedic.org.uk



Wrong Prescription, a story from a student pharmacist

“Monday’s and Wednesday’s are days that are scheduled for us to go to the wards for practice at Queens Central hospital, located in Blantyre Malawi. On Mondays we join the medical team doing the ward round and on Wednesday we take medication history of the patients. On one of the Wednesdays, we went to the ward as usual, the day began as usual and we started taking medication history for patients in special care ward. While doing that we saw our lecturer coming and he gathered us and told us to go and see one of the patients on one of the beds. He was a boy who had been deteriorated by Stevens Johnson syndrome, the boy was really in bad condition, whole body had developed scales and he was very weak, he could not open his eyes, his whole body was itching, it was really a pitiful condition.

“But now the question that I had and I am sure you have is “what could be the cause of the condition?”, you cannot believe why, as far as I have been in the hospital for practice I have understood that some patients die not because of the diseases, but because of the negligence and errors done by the healthcare personnels, I may say it’s sad to see that still some people do not show passion for their profession and they really don’t care much about the patients they are taking care of, this is sad, I mean very sad. What was I saying? Yes, the boy was admitted because of the epilepsy, so the prescriber prescribed wrong dose of sodium valproate (10mg), truly the boy was overdosed and the Steven’s Johnson syndrome came in as an adverse drug reaction, yes it is so sad indeed.

“Since that day I have always desired to be the best in my profession, **I do not want to do harm to people through lack of knowledge or negligence, I want the people to benefit and be the help for them.** It’s sad, one of the most severe adverse drug reaction came in because of poor prescription.”



There are **136** registered pharmacists in Malawi...a population of 16 million people
Pharmacists are **IMPORTANT** – they distribute drugs for major diseases (Inc. HIV, malaria, TB) & they increase access to healthcare in rural communities

Help us support trainee pharmacists by donating £5 per month to sponsor a struggling student



The Role of Physiotherapy in Malawi



Enock Chisati, Head of Department at the physiotherapy faculty, College of Medicine.

Physiotherapy is one of the most under-utilised parts of the health workforce in Malawi. There is huge potential for physiotherapists to create positive change. Rehabilitation services get people back to work, earn a living and support their families, prevent disability and improve function so that people are no longer reliant on families.

Physiotherapists help reverse poverty.



Where are our graduates now?

It's now been 10 years since we saw our first student graduate. When people ask us how many graduates we have, as we've grown, this question has become increasingly difficult to answer. We now work at five universities in Malawi, all have different academic years and some students have remedial and supplementary examinations, meaning our numbers constantly fluctuate as students complete their courses at different times and graduation ceremonies differ. We also have postgraduate students training in Uganda and South Africa, where once again, academic years vary. But, where are our graduates now? What are they doing with their careers? In 2018 we conducted our largest ever survey of our alumni community to find out some of the answers to these questions.

At the time of our survey (July 2018) we had 93 graduates, consisting of 54 doctors, 15 physiotherapists, 11 pharmacists, 3 nurses, 3 clinical officers, 5 mental health workers, 1 health manager and 1 medical laboratory scientist! Over the 10 years we've also supported 6 students who, unfortunately were unable to finish their courses due to academic reasons, meaning that our wider alumni community consists of 99 individuals.

8 of our graduates are currently working outside of Malawi, but all the remaining 85 are working in the country. All of our graduates working outside Malawi are doctors and six have scholarships with institutions to complete their specialty training. Of these graduates, one is specializing in mental health in Nigeria; one specializing in medicine in Tanzania and another in China; one specializing in neurology in South Africa; one specializing in public health in Italy; and one specializing in nutritional biology in California. The remaining two graduates are gaining experience in Lesotho, where salaries are higher and they can save for the cost of their specialization when the time comes. Scholarships for postgraduate training are few and competition for places is high. We hope that when the time is right, all of these graduates will return to Malawi, providing specialist skills to a country with a massive shortage of professional services.

We're proud that over 90% of our graduates are still working in Malawi.



Figure: We've got some way to go before the whole country is painted orange in our Medic to Medic colours, but this map shows where some of our alumni are now working.

It is always our hope that our students will stay in the country and indeed we try to select students to ensure this is the case, but we know ultimately our graduates need to do what is best for themselves and their families and make the most of opportunities that come their way. This year we have introduced student contracts when interviewing our students so that we are up front with our expectations. We now ask our students to stay in Malawi, at a minimum for the number of years that they have been supported by Medic to Medic; so, for example, should a student be supported by Medic to Medic for six years, they will be expected to work in Malawi for a minimum of six years. Should they wish to leave prior to this, they are asked to repay the costs for the number of years that they have left.

Most encouragingly, following our survey, every graduate was keen to get involved in Medic to Medic initiatives to help us become locally sustainable on the ground and support our current students training as health workers. Our alumni are added to a Whatsapp group so that they can become connected to the wider Medic to Medic community and work together on fundraising events. We look forward to working with our graduates and building strong relationships, to help get the alumni network fully functional.

In time, they will help to provide scholarships to their younger colleagues in training and help provide hands on support to the international team during the year.



Atupele Tepani Physiotherapy Graduate 2019



"I would like to extend my appreciation to you and the whole Medic to Medic family for the support you rendered to me when I was deeply in need of such. Now have graduated as a physiotherapist a dream that was there years back but now has become a reality and am so happy I made it. I really, really appreciate your support you rendered throughout the course of my study. May you continue doing the good work to others."



Student Stories

“Going through these rotations in final year, I have been left with a burden in my heart of the need to study on the relationship of maternal infection to the neonatal outcome. We have no data in Malawi quantifying the relationship between maternal infection and complication to the neonatal outcome and the possible predictors of these outcome. And to explore whether the general condition of mother prior to delivery can predict the neonatal outcome. Recently I have witnessed the teenage pregnancies have a lot of complications. One of my memorable patient was a 18 year old girl. She was referred from health center due to prolonged rupture of membranes. Like many other teenagers, she has not been able to attend full antenatal care, which in turn resulted in receiving suboptimal ANC needed for all pregnant woman. This may be attributed to stigma and many other social issues surrounding the pregnancy. On admission she was in active labour and she was progressing well. Later, she developed features of cephalopelvic disproportion and was scheduled to go to theatre. Due to limited theatre space, like many other ladies, she waited for so long until she was taken to theatre. She got a baby boy. About 20 hours after delivery, the baby developed neonatal sepsis and required admission to nursery. He has not been doing well, but later improved on treatment. On the other hand, the mother developed endometritis and required total abdominal hysterectomy (removing the womb). The procedure was complicated by a deep infected wound and burst abdomen. She was having repeated abdominal washouts and needing several HDU admissions. Synthesizing the whole event, I have been left with a thought of the need to think about whether there could be a relationship between maternal wellbeing to that of the baby. And whether there can be predictors of this that would set alarm to intervene before things complicate.”

“Through meeting people in the hospital I have learnt that we are people that have come from different backgrounds and different upbringing. The way I might act is not the same way the other person might act. Through the hospital I have learnt to understand other people’s pain and what they are going through. On the punctuality I have learnt to keep time. The very first weeks I had problems with coming on time which somehow affected my performance but now I try my best to keep time and always be ready. The stethoscope has helped greatly during my clinicals when taking vitals especially. I love reading different kind of books especially entrepreneurship books, I have learnt a lot through it because it helps to widen your imagination and to you know what is there in the world.”

“It never rains, it pours. Life at College of Medicine this semester has been a nightmare. Almost everything tastes bitter and despair has been my best friend. I can’t even imagine where I would have been if not for your upkeep allowance. Unlike the past days where I used to receive peanuts from home to keep me for at least a week, this semester has been totally different. I can say the only money I received from home was for my bus fare, thus from home to the college. Everything has been on the upkeep allowance. I had to pay my accommodation rentals and several contribution fees for respective college organizations using the allowance. The remainder is the one I have been using to at least buy a packet of sugar and bread to keep me through the day. Tea has been the only meal I could afford this semester. This has generally affected my studies since each and every time I think of studying, the next thought be like “what am I having for lunch or supper today and most importantly where am I going to get the money for the meals?”. I usually fail to concentrate and most of the times I just sleep without studying.”



Dr Maxwell Chikuni 2019 Graduate



“I appreciate all your assistance during my training, you helped me realize my vision of becoming a doctor. May God richly bless you.”



Student Stories

"My most interesting case while at the recent clinical practice area was a young woman who was admitted at Gynaecology Ward at Mzuzu Central Hospital. She was 4 months pregnant and she was diagnosed with PCP. She had a problem of difficult breathing and also very low oxygen saturation ranging from 60% to 80%. I started caring for the patient from her day of admission in collaboration with qualified staffs and also my fellow students. The condition was so critical since both the life of the mother and the expected baby was at risk. Upon history taking, it was discovered that she had stopped taking her ART drugs for no proper reason. I counseled the patient and she was re-initiated on ART drugs. The bad part of the story was that the fetus died and miscarriage was induced. She was on oxygen therapy for about two weeks due to the problem of low oxygen saturation. She was also on PCP drugs and after four weeks, she recovered and discharged. I felt somehow good for her discharge, but I felt somehow bad because we lost the unborn baby."

"The second half of last semester was a busy season for me. I had to dedicate much of my time to studies than to extracurricular activities. From attending classes (that were usually tightly scheduled) to personal studies, I saw myself as a busy person. The material looked frightening (especially anatomy). Musculoskeletal system demanded so much effort so that stress and anxiety were sometimes best friends I had to break ties with. Due to this demand and also the frustration having been told the majority of the class failed a ten-mark Biochemistry question on mid-semester examination, one desk mate and I agreed to form a discussion group. Then we found two other friends to join us. It did work. All the way to the end of the semester!"



Above: Kamuzu College of Nursing students

"During one of the handover report meetings at Salima district hospital on 22/04/2019, a qualified nurse as she was reporting about a woman who had undergone caesarian section the previous night mentioned that the patient has a NORMAL LOCHIA. The District medical officer asked 'what is normal lochia?' and nobody seemed to answer it satisfactorily and he randomly pointed at me to prepare a presentation on LOCHIA to be presented the next day. I prepared it well and presented before both the staff and students from various colleges doing their practical at the facility. At first when I was asked to prepare this presentation I was very nervous and not confident if I would manage to give a convincing presentation to people with vast knowledge and experience but thank GOD I managed to present it wonderfully as manifested by a round of applause which I got and congratulatory remarks I received from various people. Some requested to be shared this presentation and indeed I did share it."



There are just **59** nurses per 100,000 people in Malawi
The UK has 900 for the same number
There are NO government bursaries for nursing students

NURSES ARE IMPORTANT

but their training is expensive
Help us sponsor nursing students in Malawi
by donating just £3 a month



“When a student gets an education, you would have broken a very big poverty chain in their clan...you would have helped thousands of patients who would have died due to lack of trained personnel”. Deputy Head of Nursing, Mzuzu University.



Hurst Essay Winners

Every year Medic to Medic run the annual Hurst Essay competition. This is a chance for the students to practice their essay writing skills as well as an extra opportunity to win some prize money. This year we ran three essay competitions; one for the College of Medicine, one for our students based in Mzuzu and the third (our newest competition!) for our Alumni. This year was even better than last with a total of 31 entries spread across the three competitions. Congratulations to everyone who entered and a BIG thanks to Dr Hurst who's continued donations provide the prize money for this competition and to our markers who gave feedback on the essays - Cathy, Richard, Tony and Nigel.

College of Medicine

Total of 14 entries submitted.

Essay title: *"In most healthcare systems there is conflict between money spent on prevention and treatment. How, in your opinion, should this problem be approached in a country with limited resources like Malawi. Give examples in your answer."*

Winners:

1st Prize Louis Munyenembe (Pharmacy 4)
Joint 2nd Prize Chimwemwe Banda (MBBS 4) and Casten Chikenbutso (MBBS 1)
Highly Commended James Botha (MBBS 4) and Flexon Ngulirwa (MBBS 5)

Mzuzu Students

Total of 13 entries submitted.

Essay title: *"Many African countries have limited resources to spend on healthcare. Discuss how cooperation between countries might improve this situation giving examples and limitations."*

Winners:

Joint 1st Prize Gift Gama and Gift Mvula (Nursing 3 both of them)
2nd Prize Justin Mkwale (Nursing 3)
Highly Commended Daniel Mulenga (SJOG upgrading mental health worker)

Alumni

Total of 4 entries submitted.

Essay title: *"Despite increasing the number of graduates from the College of Medicine, Malawi still has too few health workers for its population. Discuss the reasons for this and possible solutions."*

Winners:

Joint 1st Prize Hawah Mbali (MBBS) and Fanuel Bickton (Physio)

"I am very grateful for what Medic to Medic through different platforms has helped me become. The writing competitions have strongly contributed to what I am today and have become one of my strongest skills I have now."

Medic to Medic Graduate



Thank You



Left: Big shout out to Nick and Nadia who closed our office based at Northwick Park Hospital in London this year. Our office is now operating at one of our trustees homes whilst our equipment and books are being stored at a small storage unit before they are transported to Malawi for our students. This means that we have been able to substantially reduce our operating costs so more of our monies go directly to our neediest students. Thank you Nick and Nadia - it's the end of an era for our operations in the UK, but the start of a new venture cutting costs and doing more for our students who need it most!



Above: Well done to 9 year old Finn and mum Rosie who raised over £150 by cycling 136 miles in 5 days on their very own coast to coast!

Bottom Right: A big thank you to our graduate and volunteer interviewers who helped us interview our students as part of our monitoring and evaluation processes in February and March. They helped us interview over 50 of our students to check on their progress, travelled the length of Malawi and helped us save money on our monitoring costs! Our graduate community are role models for the students and can help provide mentoring support and advice - this is just one of the ways Medic to Medic is becoming locally sustainable. Thank you Hawah, Thokozire, Madalitso, Mayamiko, Fatsani and Robin for your help and support!

This is Robin, pharmacy student from Germany, with Jeremiah, one of our pharmacy students at the College of Medicine.



Statement of Financial Activities

The next two pages show a statement of Medic to Medic's financial activities for the year 2018-2019 and a balance sheet. For more information please see our Financial report on our website:

<https://www.medictomedic.org.uk/charity-information>

Medic to Medic Ltd

Statement of financial activities (incorporating an income and expenditure account)

For the year ended 30 June 2019

	Note	Restricted £	Unrestricted £	2019 Total £	10 months 2018 Total £
Income from:					
Donations	3	9,233	53,013	62,246	44,808
Investments		-	6	6	6
Total income		9,233	53,019	62,252	44,814
Expenditure on:					
Raising funds		181	2,954	3,135	2,562
Charitable activities		12,083	43,148	55,231	38,749
Total expenditure	5	12,264	46,102	58,366	41,311
Net income / (expenditure)		(3,031)	6,917	3,886	3,503
Transfers between funds		168	(168)	-	-
Net movement in funds	7	(2,863)	6,749	3,886	3,503
Reconciliation of funds:					
Total funds brought forward		6,105	26,650	32,755	29,252
Total funds carried forward		3,242	33,399	36,641	32,755

All of the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in note 13 to the accounts.



Balance sheet

Medic to Medic Ltd

Balance sheet

As at 30 June 2019

	Note	2019 £	2018 £
Current assets			
Debtors	10	184	298
Cash at bank and in hand		<u>37,537</u>	<u>33,519</u>
		37,721	33,775
Liabilities			
Creditors: amounts falling due within 1 year	11	<u>(1,083)</u>	<u>(1,020)</u>
Net assets	12	<u>36,641</u>	<u>32,755</u>
Funds	13		
Restricted funds		3,242	6,105
Unrestricted funds			
Designated funds		6,000	3,000
General funds		<u>27,397</u>	<u>23,648</u>
Share capital		<u>2</u>	<u>2</u>
Total charity funds		<u>36,641</u>	<u>32,755</u>

The directors are satisfied that the company is entitled to exemption from the provisions of the Companies Act 2006 (the Act) relating to the audit of the financial statements for the period by virtue of section 477(2), and that no member or members have requested an audit pursuant to section 478 of the Act.

The directors acknowledge their responsibilities for:

- (i) ensuring that the Company keeps proper accounting records which comply with section 386 of the Act; and
- (ii) preparing financial statements which give a true and fair view of the state of affairs of the Company as at the end of the financial period and of its profit or loss for the financial period in accordance with the requirements of section 393, and which otherwise comply with the requirements of the Act relating to financial statements, so far as applicable to the company.

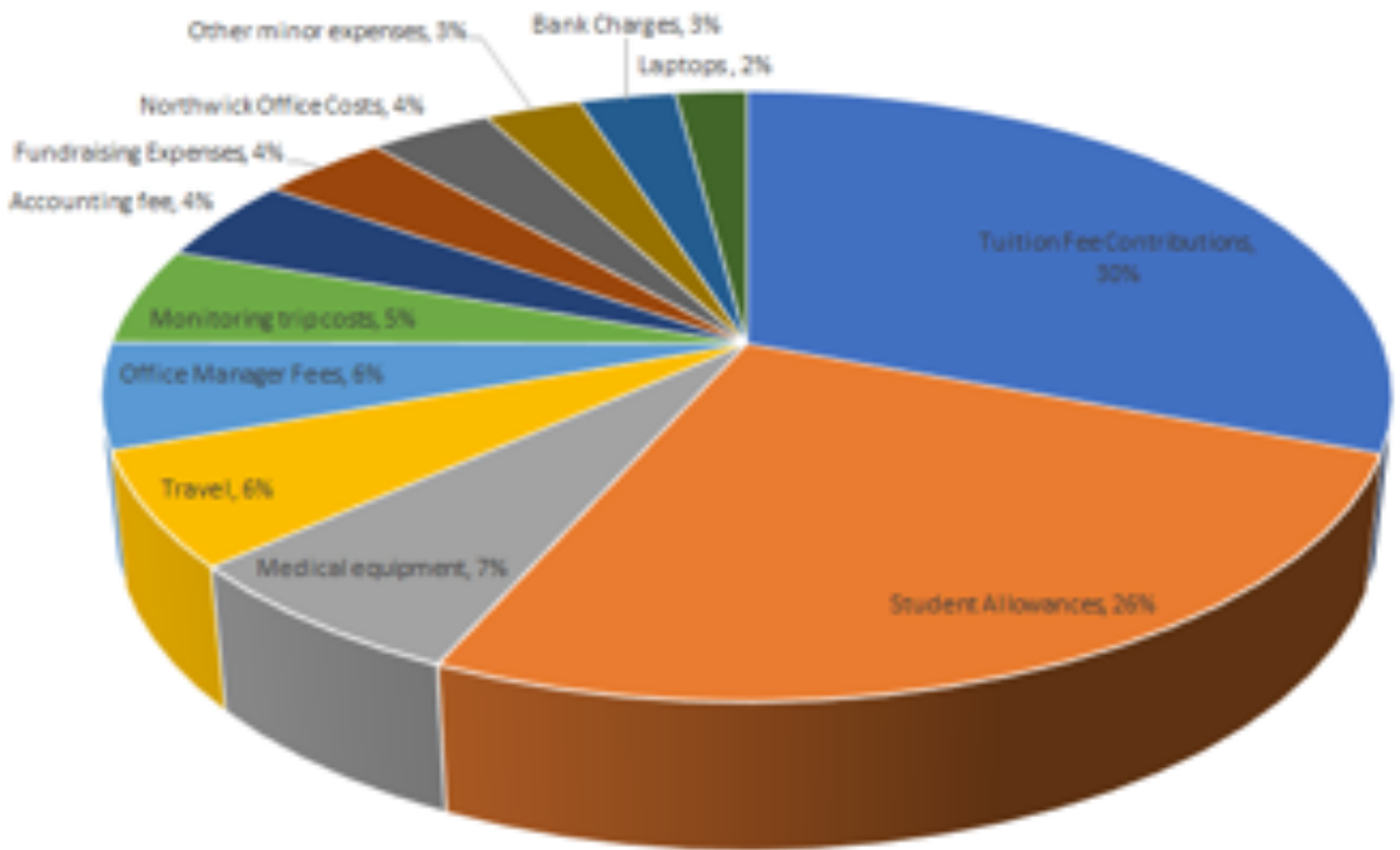
These accounts have been prepared in accordance with the special provisions applicable to companies subject to the small companies' regime.

Approved by the trustees on 3 December 2019 and signed on their behalf by

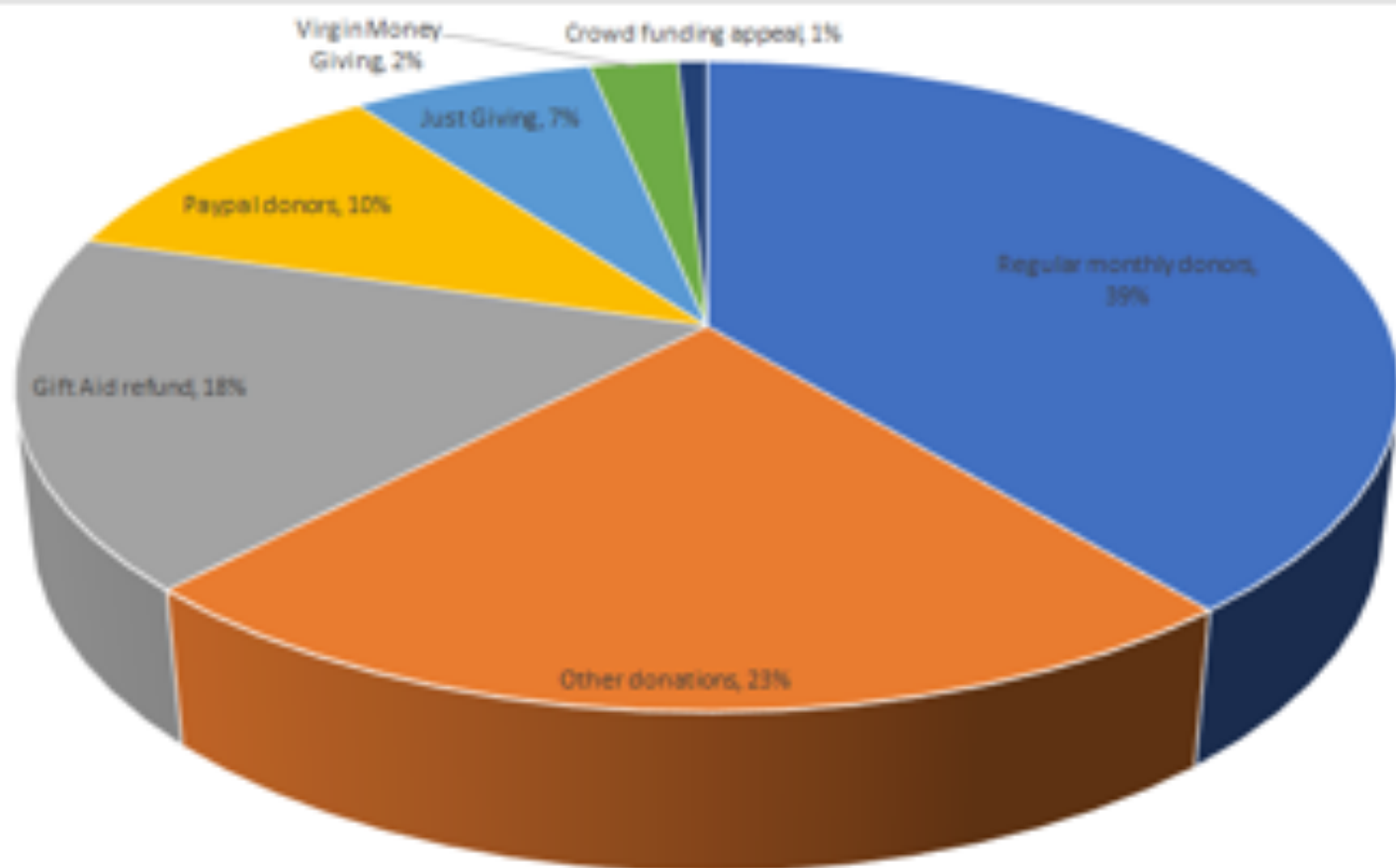
Adrian Nicholas Mandeville - trustee



Expenditure 2018 - 2019



Income 2018–2019



Fundraising



Malawi Movie Night

We hosted a few Malawi movie nights to celebrate the release of *the Boy Who Harnessed the Wind* to raise money for our students. This is the beautiful film about the true story of William Kamkwamba who helped build a wind turbine in his village in Northern Malawi.

The Big Shave

A big shout out to Jack Sinclair, medical student in New Zealand for choosing Medic to Medic to support with his big shave! Jack raised over NZ\$500 by shaving off his long dreadlocks! Thank you Jack!



Tube Carol Singing

Thanks to UCL hockey team and our volunteers for helping us raise vital funds for our students at Christmas time.



Fundraising

Christmas Concert

Right: A big thanks to London Doctors Orchestra and Choir who organized a Christmas carol concert with all proceeds going to Medic to Medic. The concert was well attended and was performed to the very highest standard.



Edinburgh Marathon

Left: Well done to Dr Preetham Boddana by raising over £1000 by running the Edinburgh Marathon in May.



Rotorua Hospital Raffle

Thank you to Rotorua hospital for continuing to support Medic to Medic through their annual hospital raffle at the Resident Medical Officer Doctors ball. The raffle raised over NZ\$1300. Thank you to everyone who purchased tickets and many thanks to the following local businesses who donated prizes: HeliBike, Skyline, Reading cinema, Atticus Finch restaurant, Polynesian Spa, Hobbiton tours, Paradise Valley Springs, Canopy tours, Redwoods treetop walk, Agrodome, Pig and Whistle Historic Pub, Capers Café and Prodrive Rotorua.

Jenny's Jewellery

Above: Jenny is a retired GP from Leeds. She says, "I have made silver jewellery as a hobby only, for some years and usually just give them to friends as presents. I decided to see if I could sell some as a fundraiser. I donated the materials and made the pieces over a few months. I sold them informally and I think people were enthusiastic about buying them because of the charity. I saw a piece about Medic to Medic in the BMJ many years ago and signed up as I was the first in my family to go to university and know that medical school transformed my life and wanted to help someone else directly." Thank you Jenny for supporting our students in Malawi!



Administrative Details

Medic to Medic
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Email: info@medictomedic.org.uk
Secretary: Sheena Jagjiwan

For comments, questions and errata regarding this annual report, please contact the editor at the email address above. Every effort has been made to credit contributors to this report. Where omissions have occurred, please advise and they will be rectified at the earliest possible opportunity.



Medic to Medic



@MedictoMedic



Medic to Medic



tamsinlillie



Registered with



FUNDRAISING
REGULATOR

How you can help

Most of our donors give just £5—20 per month. If you feel you can sponsor a student, please visit www.medictomedic.org.uk to set up a direct debit online. You will be linked with an individual student and receive regular updates from them on their progress. You are welcome to enter into email correspondence with them and many of our students find this very motivating. Please note that although you will be allocated a particular student, our donations are pooled so that no student is disadvantaged if a donor needs to pull out.

For more information, please contact us (details above).

Medic to Medic Bankers Lloyds TSB Bank PLC; 286-288 Station Road; Harrow; Middlesex; HA1 2EB

Independent Examiners: Godfrey Wilson Limited; Chartered accountants and statutory auditors; 5th Floor Mariner House, 62 Prince Street, Bristol, BS1 4QD.

UK registered charity No: 1149904; UK Company No: 08176249



www.medictomedic.org.uk



Medic to Medic was founded in 2007 to address the problems of training and retaining health workers in some of the world's poorest countries. Like many sub-Saharan countries, Malawi is desperately short of doctors with just two doctors per 100 000 people.

We support resource-limited but dedicated students through their training, supporting the sustainability of the health systems in their home countries. We cover tuition fees, allowances, medical equipment, books and a laptop so that students have everything they need to reach their full potential.



Medic to Medic

