



Medic to Medic



Annual Report and Financial Statement 2017 – 2018

UK branch

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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.

Medic to Medic students are training to become doctors, pharmacists, physiotherapists, nurses, mental health workers and clinical officers in their home countries. Scholarships cover each student’s tuition fees, and other necessary allowances, as well as providing them with medical equipment and textbooks, so that they have everything they need to successfully qualify from their courses. As of June 30th 2018 we were supporting 60 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. Instead, they 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

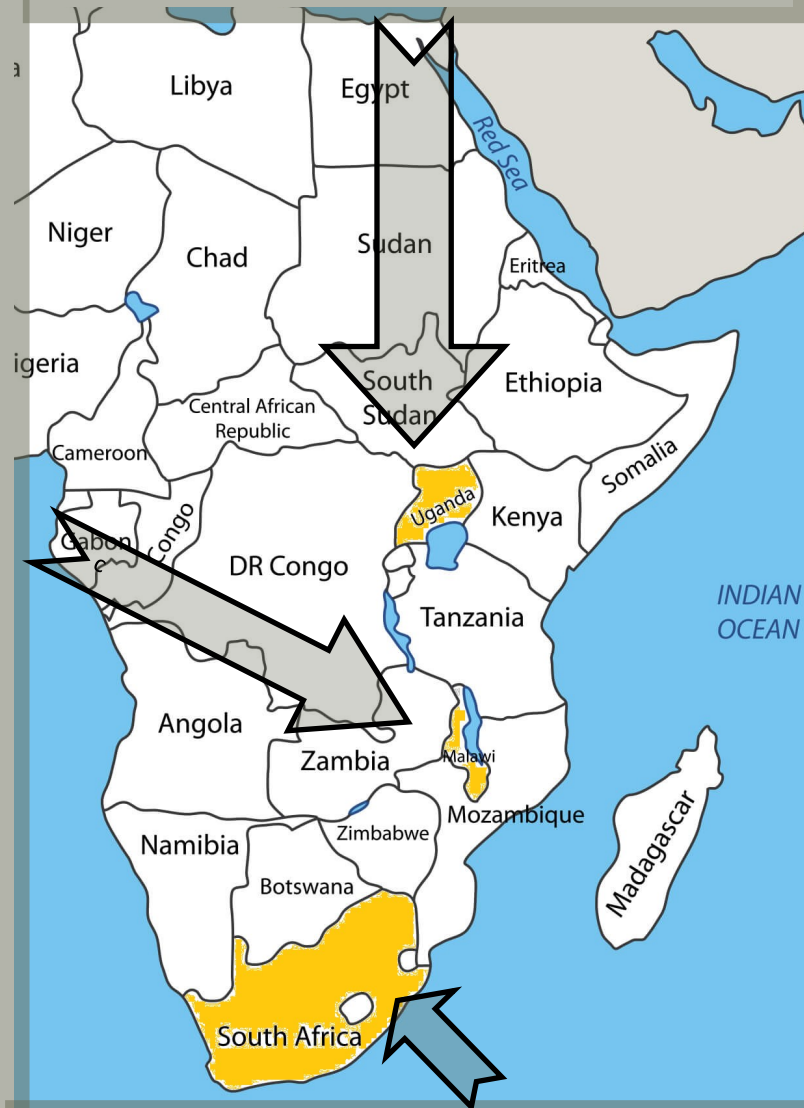
We hope to raise awareness of the different conditions facing health professionals worldwide and an appreciation of the global health community.



Where does Medic to Medic work?

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 24 medical students, 5 physiotherapy students and 6 pharmacy students 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 11 nursing students 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 5 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 2 students training as clinical officers here. [Kamuzu College of Nursing | Knowledge lights power](#) trains nurses in the central region of Malawi. With support from our sister branch in the US, we have been able to support 3 students here and hope to continue our relationship with this university in the future.

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 3 doctors training to be paediatricians 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.

2017/2018 in numbers (UK branch)

60 Students supported



66%



33%

21 Graduates



13 Doctors

1 Pharmacists

3 Physiotherapists

3 Nurses

1 Mental Health Worker



**Financial support provided
£28,232 (10 months 2018 total)**

3 countries

7 colleges



Report from Chief Executive Officer

It has been an exciting time at Medic to Medic during our 2017-2018 academic year. We continue to sponsor students at the Malawi College of Medicine and Mzuzu University, the institutions that we have been working with the longest.

We have also strengthened our programme supporting the upgrading of mental health workers at St John of God College, by introducing partial scholarships to these students. Partial scholarships have enabled us to support more students who are struggling instead of providing just a lucky few with everything. This is a new type of scholarship and we are continuing to evaluate the impact of a partial rather than full studentship.

Whilst continuing to build upon our existing programs, we have started a new initiative at Ekwendeni College of Health Sciences sponsoring students training as clinical officers; and with funding from our sister branch in the United States we have started supporting nurses training at Kamuzu College of Nursing, bringing our total number of institutions where we work in Malawi to five.

We currently support twenty undergraduate students at the Malawi College of Medicine, comprising ten medical, five physiotherapy and five pharmacy students. In the northern region of Malawi, we have ten undergraduate nursing students at the University of Mzuzu; five upgrading mental health workers at St John of God College and two students training as clinical officers at the Ekwendeni College of Health Sciences; bringing our total number of students supported by the UK branch of Medic to Medic to thirty seven.

With the support of our sister organization in the United States we have been able to continue sponsorship of fourteen medical students and one pharmacist at the Malawi College of Medicine, one additional nursing student at Mzuzu University and three nursing students at the Kamuzu College of Nursing, bringing the total number of students supported by Medic to Medic in Malawi to 56.

In addition to our undergraduate students, we also have increased our support to postgraduate doctors training as paediatricians at Makerere University in Kampala, Uganda, where we now sponsor a total of three students. We are continuing to support one Malawian postgraduate doctor training as a neurologist in South Africa, who is due to return to Malawi once training has been completed in December 2019. This brings our total number of students supported by Medic to Medic to 60 individuals. At the end of this academic year we celebrated the success of 21 of our students completing their studies, bringing our cumulative total number of graduates to 98.

This year we have been able to conduct our largest ever survey of the Medic to Medic alumni community. Eight of our graduates are currently working outside of Malawi, but all the remaining ninety graduates are working in

Malawi. Of the graduates working outside of Malawi, all are doctors and six have scholarships with institutions or universities to complete their specialty training. The remaining two graduates are gaining experience in Lesotho where salaries are higher and they can save for the cost of their specialisation when the time comes. Scholarships for postgraduate training are few and competition for places is intense. 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. 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 conducting our monitoring trip student interviews, 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 following their internship. Should they wish to leave prior to this, they are asked to repay the costs of 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 and support current students training as health workers. We look forward to working with them in the future. In the year ahead, this includes becoming registered with CONGOMA (council of non-governmental organisations in Malawi) and creating a board of Malawian trustees.

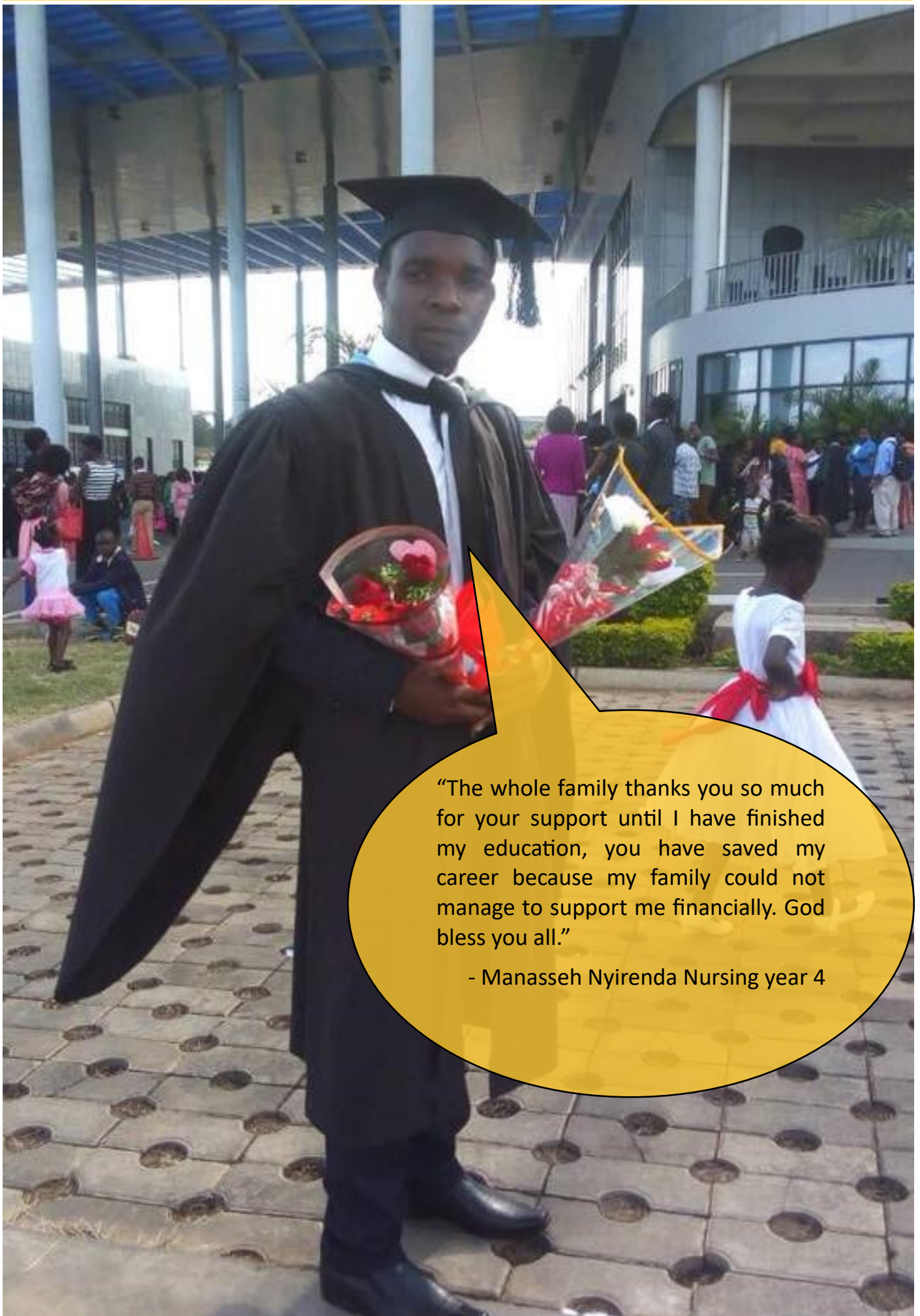
The support to our students is not just financial. During this academic year we transported over 300kg of donated medical books, distributed twelve new laptops, three medical equipment packs and created a laptop loan scheme in a new location, bring the total number of laptop loan schemes to three. The laptop loan scheme, using second-hand laptops donated to the charity, enables us to support our students who have not yet been given a new laptop.

None of this would be possible without the generosity of our sponsors. This year ten new donors joined our donor community, bringing our total number of regular donors to 114 individuals. Through their support we have been able to increase sponsorship and strengthen existing initiatives. Their loyalty and continued support is immensely important to our students and the core team who work diligently to keep the organisation running smoothly. There will always be chal-

Lillie

Dr Tamsin Lillie, Chief Executive Officer





“The whole family thanks you so much for your support until I have finished my education, you have saved my career because my family could not manage to support me financially. God bless you all.”

- Manasseh Nyirenda Nursing year 4

Something from our students....



Fanuel Bickton
Physiotherapy
Graduate
College of
Medicine 2018



Medic to Medic
UK registered charity 1149904
www.medictomedic.org.uk

"From the bottom of my heart, I thank you for generously sponsoring my physiotherapy studies at the University of Malawi's College of Medicine. Without your support, I would not be able to finish my studies and graduate as I have done."

"All I want now is to finish school. Just want to get that MBBS degree that I have always craved for. I know life will be completely different after finishing school but I just can't wait to be called a doctor. It has been a long journey but with help of medic to medic I have made it up to this far. And I have to say that am looking forward to working with medic to medic later on as a local ambassador and also just to help with other logistics."

Samuel Mpingjira MBBS 5

"As matter of fact it startles me when I contemplate on what would happen if I had no chance of being sponsored by medic to medic, in my family there is no any person who could provide me tuition fee and other requirements as medic to medic does."

Silvester Kampini Pharmacy 3



Dr Anthony Chirwa
MBBS College of
Medicine
2018



"Am very grateful for the kindness and support (ranging from financial to social realms) that you whole heartedly rendered toward me during my medical school and more so during my graduation! Receive my heartfelt appreciations. Now being post grad, I know there are different expectations all over but one thing that I made a priority is to make the support you rendered to me worthwhile for the betterment of human life! Much appreciations and best wishes."



Medic to Medic
UK registered charity 1149904
www.medictomedic.org.uk



Dr Andrew Kachione MBBS
College of Medicine 2018



"This was a precious day. I am hoping to have more occasions like this in the future. Please continue supporting other students who are struggling with fees. I am grateful on my part for all your support."

Medic to Medic
UK registered charity 1149904
www.medictomedic.org.uk



"My life at the university is fairly nice since I always feel like my dreams are now coming true. I have been dreaming of becoming a nurse for the whole of my life, so to see myself in a nursing uniform I always feel so great."

Justin Mkwale Nursing 3



A story from Isaac a beneficiary of Medic to Medic

Shortly after our return from Malawi in September 2017, we heard there were rumours of ‘blood suckers’ spreading across the country leading to unrest and violence in both the rural villages and even the commercial city of Blantyre. A night time curfew (from 5pm until 7am) has been imposed throughout Malawi to prevent any more deaths from vigilante mobs suspected of drinking human blood as part of magic rituals. A UN report stated the rumours may have originated from Mozambique and spread across the border to the Southern districts of Malawi. Isaac gives us the personal perspective from the ground.

“I was on my way to town, just like any other day. The sun was overhead as it was shortly after lunch, and the dry wind greeted my face with a whisk of dust, which I quickly wiped off with my long sleeved shirt. As I waited by the bus depot, one or two minibuses passed by; accompanied by the enthusiastic vocals of a money driven bus driver and conductor yelling “Ya Limbe (To Limbe)!”. Not so long afterwards, I found myself seated in one of the mini-buses. off to town.

The typical bus ride to town is relatively uneventful but not quiet. More often than not, the driver will, for some reason, assume that you all share the same passion for his local jams as he does. So he will choose to bless the (ten minute) journey with loud music most likely pirated from a low quality radio that irritates more than it does entertain. This particular day was different but not unexpected. From the moment I had stepped my foot into that bus, I was absorbed into a heated conversation between, well, everyone. There was, however, one elderly woman perhaps in her fifties who seemed to have been taking lead at this point. She testified with so much passion and anger about a recent event in her neighbourhood. One of the young girls from the neighbour’s house was suddenly found to be weak and lethargic in the middle of the previous night. There was nothing else on the girl but a spot on her arm, similar to the one that is sustained from a venipuncture. There was no need for second guessing the subject matter being at hand; blood suckers!

News about blood suckers has spread like a virus across our nation. Most have been gripped with fear regarding the strange occurrences leading to lethargy and general fatigue. Unfortunately, not only are people living in fear, but in great suspicion of anyone and anything regarded queer and novel in the area. Five people have lost their lives so far because of being suspected of being either directly or indirectly involved in “blood sucking”. There have been stories about UN vehicles being ambushed because they had an antenna on top - which is of course a tool used for sucking blood!

One surgeon, whom I know personally, not only got attacked but also robbed by the very blood sucker-hunters who claim only to seek justice. This wanton criminality masqueraded as mob justice is draining the life out of our nation. The people, mostly in the rural areas of some districts in the south of Malawi have been possessed by the spirit of attacking first and asking questions later. One would wonder if literacy or lack thereof plays a part in all this. The interesting thing is that this is not the first time such news has gripped our nation. News about blood suckers first surfaced in the country in the early 2000’s during the era of president Bakili Muluzi.

The truth is, no one is certain about what is actually happening on the ground. Anaemia? Magic? I don’t know, but there seems to be something going on. The irony of the matter, however, is that there has been no news about someone dying from an encounter with said vampires; no certified reports at the hospital but people have died from being considered suspects! Whatever the case, this news about blood suckers seems to have caused more damage to innocent people than any actual so called blood suckers. Are health workers to be at risk of vigilante mobs by performing venipuncture?”



By Issac Yiwombe





***Thoko and Hawah
(graduates)
Mzuzu Reps***

***Student gathering at College
Of Medicine (COM)
September 2017***



***Thoko, Sheena, Tamsin,
Hawah, during M2M's
monitoring visit at Mzuni
September 2017***

***American funded students
with donated books
September 2017***



This year's highlights.....

COM Hurst Essay Prize Competition March / April 2018

This years essay title for our COM students was: *"Many African countries have limited resources to spend on healthcare. Discuss how cooperation between countries might improve this situation giving examples and limitations."*

We received 7 entries from our COM students.

The winners included:

- 1st Prize: Stuart Jere (Pharm 4)
- 2nd Prize: Frank Kaphesi (Physio 1)
- 3rd Prize: Chimwemwe Banda (MBBS 3)
- Highly Commended: Lamilton Chikafa (MBBS 5)

Thank you to our markers, our trustee Dr Richard Banks and Dr Tony Williams for marking the essays and providing feedback to our students.

Mzuzu Hurst Essay Prize Competition March / April 2018

This years essay title for our Mzuzu students was: *"How can modern technology increase access to healthcare in Malawi? Use evidence to support your answer"*.

We received 8 entries from our Mzuzu students.

The winners included:

- 1st Prize: Mtisunge Chitedza (Nursing 2)
- 2nd Prize: Eden Mwentetite (Nursing 3)
- 3rd Prize: Sophlet Blackson (Nursing 2)
- Highly Commended: Gift Mvula (Nursing 3)

Mtisunge's submission was well written and structured with a clear argument discussing the advantages and disadvantages of modern technology in increasing access to health care.

Thank you to our trustees Dr Cathy Madden and Dr Maddy Gupta-Wright for marking the essays and providing feedback to our students.

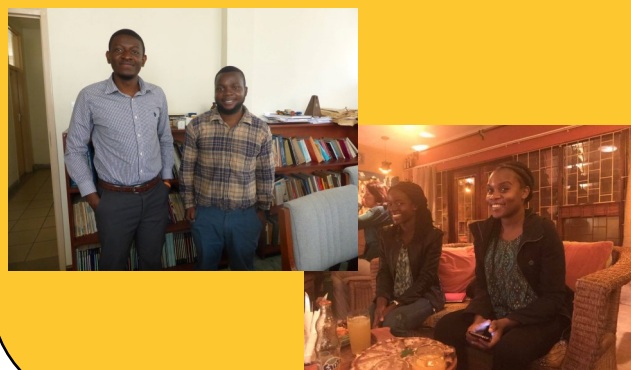
March 2018 - we started our Blog.

"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 always thought she would return one day. 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 Medic to Medic blog which shares stories from our students and graduates. You can follow the Medic to Medic blog via our link: <https://healthprofessionalmalawi.wordpress.com/>

Training the Graduates!

During the monitoring visit in September 2017 we trained up 6 of our graduates in the student interviews so they can help the international team and conduct the second yearly interviews by themselves in a way to increase local sustainability.



Spotlight: Graduates join the M2M team

Thokozire and Hawah join the M2M team.

Thokozire Phiri and Hawah Mbali were selected to become Mzuzu representatives, they joined the team for their first trip to Mzuzu, here is what they had to say.

“We got to learn and help out in conducting the biannual interviews with students from Mzuzu University (Mzuni) and St John of God. We got to interview students from MZUNI and handover equipment to them. We could see the gratitude in their eyes and smiles. Seeing students smiling after being given their stationery allowances, medical equipment, books and the laptops— it was awesome. All this took us back to when we were in desperate need and Medic to Medic came to our rescue and gave us financial and material support for our education.

We got to help interview new recruits for the Medic to Medic scholarship at St John of God. We heard very heart wrenching stories about students’ struggles in raising tuition fees and sustaining their lives whilst doing their studies. Some of them were heads of families with little pay to support their family and hardly able to manage paying their tuition. Almost all of the students we interviewed owed the school huge sums of money, a situation which had stopped them from sitting for their exams and they had differed exams.

We got to appreciate the emotional energy the Medic to Medic team puts in to conduct such interviews and hear everybody’s story. Meetings with various school authorities were very fruitful, well beyond the set agendas. We discussed on the need to promote graduate beneficiary involvement in Medic to Medic so as to promote sustainability.

Dean of students at Mzuni testified to the lack of financial support that students at the university face to the extent of dropping out of school. The principal of St. John of God also commented on the same, saying “Many of the students come to my office crying for help, but then I also have university rules to abide by, and they end up being sent back home. Many do not sit for their examinations and they end up writing deferred exams which gives the school more work and more expenditure in organising a separate exam for such students”.

Seeing Tamsin and Sheena working out the math's and logic of what is needed and where...was quite panoramic of a heart of gold, that’s big, filled with love and willingness to help those in need. We understood better the great gap that needs to be filled in order to support many more needy students in different colleges who are desperately in need of help.

As former beneficiaries of this programme, we are so happy to be part of the team and to be able to support our fellow Malawian needy students in different colleges. We are glad to be the Mzuzu representatives. We really enjoyed this trip; we felt so alive and energetic after all the meetings and the interviews. The fact that these students look up to us as role models makes us feel mature and responsible. It was a great achievement that we made and we look forward to doing more in the future as the Medic to Medic Malawi branch. “



Graduation day!

A huge congratulations to all our Medic to Medic graduates 2018!

Manjaule Ngwalwe - Medicine

Precious Makiyi - Medicine

Masood Rogers - Medicine

Bright Mwafulirwa - Medicine

Francis Makiya - Medicine

Andrew Kachione - Medicine

Roosevelt Munthali - Medicine

Marriam Mponda - Medicine

Samuel Mpinganjira - Medicine

Henry Mwakalinga - Medicine

Lamilton Chikafa - Medicine

Harry Phiri - Medicine

Gertrude Kasalika - Medicine

Solomon Mphulupulu - Psychiatric Nursing

Manasseh Nyirenda - Nursing

Vincent Sankhani - Nursing

Alice Sankhani - Nursing

Stuart Jere - Pharmacy

Portia Mitole - Physiotherapy

Atupele Tepani - Physiotherapy

Gift Msowoya - Physiotherapy



And a special thank you all our Medic to Medic supporters for helping to make this a reality for these students.



Meet the Board of Trustees.....

Kate Mandeville

As Chair of the board of trustees and founder of Medic to Medic, Kate has been involved since the outset. She is a public health doctor who works on strengthening the health systems of low- and middle-income countries. She was born in Malawi and has a PhD in the most effective strategies to retain health workers in Malawi.



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 one day a week volunteering for Medic to Medic and has been a trustee since 2012.



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.



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.



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 supported Professor Colin Green in establishing and managing the International Medical Education Trust 2000 for over 10 years and helped Kate Mandeville to establish Medic to Medic. He joined as a trustee in 2017.



Maddy Gupta-Wright

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



Caroline Schmutte

Caroline Schmutte 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. Prior to this position, Caroline was a Private Sector Development Specialist at World Bank Group and also spent four years with McKinsey, most recently as an Engagement Manager. During this time, she focused on advising private and public-sector clients in healthcare provision, pharmaceutical innovation, and agriculture. Caroline joined the Board of Trustees in 2017.



Some more from our students....

"Life here in college has been full of lessons academically and socially. Coming here to college that is has been the greatest achievement so far in my life. I have met different people who are of different backgrounds and different cultures. Academically things have been a little bit difficult for me like having poor grades but I thank God that I have friends who are willing to spend their time just to help with my school work."

- **Rose Joseph**

"Let me take this chance to say thank you. Your scholarship has assisted me in so many ways as far as university life is concerned. Some of the things your scholarship has helped me out include; paying accommodation fee, buying some stationery items and managing to have a concrete meal at least once a day. Surely life here has not been easy at all as way before your scholarship I used to sleep on empty stomach and some days was only having bread the whole day. Life here is expensive and it needs a lot of resources of which my family cannot afford. At times it only takes your hopes and perseverance to continue with studies here. The intervention of your scholarship has managed to uplift my lifestyle and rebuilt the lost hope. I really appreciate for that."

- **Daniel Adam**

"With your support, I am able to learn without challenges now I am able to pay house rentals, electricity and water bills, meals and stationeries. As such, I am psychologically stable, and this makes learning process going well. More importantly is that, the laptop has solved the challenges in studying. For example; no problems in accessing the softcopy note, lecturing presentations and downloading information on internet ."

- **Gift Gama**

"I take this opportunity to thank the entire medic to medic staff for the job well done. I appreciate your usual and continual support you are giving me especially for the laptop, medical equipment and the allowances that I have received."

- **James Botha**

"I would like to admit that being a medic to medic scholarship beneficiary has brought a great change to my life. This is my first year under this organization but I feel totally different in a sense that I am relieved. This is because I used to wonder if I was really going to finish school because the financial problems were just becoming worse. But now I can focus on my studies without worrying about anything else with the support that you give to me. I have faith that I will graduate with colourful results. Thank you so much for the care and support God bless you."

- **Charity Fabiano**



Student stories

“Although am here, I still face challenges for instance last semester, which has made me to repeat both first and second rotation, paediatrics and medicine. Main challenge that I face is financial problem, I mean funds for food. Thus why it has been difficult for me to concentrate on study due to confusion and general body weakness, this happens until during the time of writing examination in paediatrics where I was confused even failing to answer the simple things. In medicine it becomes worse when I was pricked by needle for an HIV reactive patient so I was taken PEP (post exposure prophylaxis) and I was taking it without eating because I had nothing to eat. Generally I was failing to study due to body weakness and confusions and in morning hour I was failing to wake due to body pains.”

Chimwemwe Banda MBBS 3

“It is a very busy block, no enough time to study and covers almost everything from surgery to internal medicine so it was tough though somewhat fun in such a way that, interacting with the kids, watching them get back to their feet, motivating them and persuading them to take their medication, just made my days. This time of the year, we had a lot of bronchiolitis, malaria and diarrhea. Babies were coming very sick but within a day they were improving and that was very rewarding. Another exciting thing about paediatrics is that we were having cake. We made a cake rota and everyone had to bring cake on their respective day. It was so good, I just love cakes.”

Maria Mang'anda

“The most memorable patient was during my midwifery part one placement at Karonga district hospital (labour ward) when I received a woman aged 18 years, it was her first pregnancy. She was referred from a health centre to Karonga district hospital for further management due to prolonged labour. The patient needed immediate quick assessment and interventions, which I did and I found out that there was foetal distress and any delay in delivery could result in losing the unborn baby. I tried to help the woman to deliver the baby until she delivered a baby who was weak and needed resuscitation. I tried to resuscitate the baby for 30 minutes and fortunately it worked because the baby cried and started breathing normally and the mother was so happy seeing her baby alive and breathing well. It was really good on this day seeing a woman smiling due to my quality nursing care being given to this patient. This remains my memorable moment because I felt so happy for saving this unborn baby life and at the same time saving the mother from any complication. I always aim at providing quality care to my patients and it's my pleasure seeing them recovering through my nursing care because I feel like fulfilling my nursing duties.”

Manasseh Nyirenda





Medic to Medic
UK registered charity 1149904
www.medicmedic.org.uk

Dr Waleke
Khumalo
MBBS College
of Medicine

"To my sponsors I would like to **thank you** for your generosity in support my tertiary education from premed through final year. I wouldn't have been where I am today, being called a doctor, had it not been for your helping hand. You should also know that by helping me you have helped the entire nation of **Malawi**. Am currently working as an intern at one of the busiest tertiary hospitals in **Malawi**, handling patients from every angle of our nation. As these patients thank me and the government, know that they also **thank you**, the helping hands they may never meet. **Thank you** sponsors."



Lameck
Chimimba
Physiotherapy
Graduate
College of
Medicine 2018

*"We thank you
so much. God
used Medic to
Medic to see the
dreams in us
come true."*



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Developing Pharmacy in Malawi

I retired from UK pharmacy in 2016, and now I am teaching in the pharmacy department of the University of Malawi, southern Africa, having previously taught pharmacy in Kenya and travelled in more than 50 countries. Teaching in Malawi is different.

From arrival, it was obvious that this is a poor country with significant need. Malawi – famed for Dr Livingstone’s anti-slavery exploits and the third-largest lake in Africa – is one of the most beautiful, but most poor and unhealthy, countries in the world. It ranks 170th out of 174 in the World Health Organization lifespan tables; 88% of the population live on less than £2.40 per day; and 50% are below the poverty line. I could go on, but it is more important to ask what can be done for the young (the median age is 16 years compared with the UK’s 40 years) and friendly people of Malawi, who are liable to die prematurely from treatable diseases?

The answer is the development of a healthcare system with a good supply of professionals, including pharmacists. The Malawian pharmacy degree is 10 years old, but there are still only around 200 pharmacists in the country – for 17 million people. There are probably fewer than 10 pharmacists in the country’s hospitals, including just two, both qualified for only one year, in the 1,200-bed major teaching hospital in Blantyre. Most hospitals don’t have access to a pharmacist, and use their annual drug allocation in six months. And much of the population does not have access to a pharmacy in their community.

We need many more pharmacists, and that means we need more students, but lack of money is a major barrier to training. University fees recently increased sixfold to about £380 per year, which may not sound much to students in the UK, but the fee is more than double Malawi’s legal minimum wage – an income that many families do not achieve, to cover even their basic needs. It would be like British students forking out about £40,000 per year and then having to pay for accommodation, food and learning materials.

At the University of Malawi, photocopying a day’s lecture handouts is so expensive that it costs more than eating a meal in the canteen, so some students make that their choice. Laptops are so expensive that students may use a telephone to read their notes in the daytime, and type their assignments on another student’s machine in the middle of the night. It’s not just boring lectures that send them to sleep in the classroom.

Older students support younger ones through their own mini-organisation called Phuka (‘green shoots’), which rallies support, provides food, and gives training in entrepreneurship, so that they can earn money while studying. Phuka is a great example of mutual help, but it does not meet all the students’ and the healthcare system’s needs.

Around 89% of Malawian healthcare is provided through donors, and many organisations could be supported by British pharmacists. You may not be able to replace our one and only worn-out MRI scanner, but any help to build up the pharmacy profession through charitable organisations would be greatly appreciated, and would make a major and lasting impact on the health of Malawi. One such organisation is Medic to Medic (medictomedic.org.uk) – I have no personal connection to the group but can testify to the benefit of their work. They make targeted donations to the poorest students across the health professions to enable them to complete their studies. Medic to Medic currently funds our top student, and a teaching colleague of mine qualified only because he was afforded a grant when he was a student. Small gifts can have a big impact, and I would encourage anyone to invest in the health of this nation.

Blog written by David Schott: <https://www.pharmaceutical-journal.com/opinion/blogs/developing-pharmacy-in-malawi/20202748.blog>



New Partnerships

Ekwendeni College of Health Sciences is affiliated to the University of Livingstonia in the northern region of Malawi. In 2014 the clinical officer training programme started with just 12 students. In 2016 the course had expanded to 68 enrolled students, many still struggle to pay for all their tuition fees and the costs of living. A clinical officer is a health professional qualified to perform medical duties such as diagnosis and treatment of disease and injury, including ordering investigations, performing procedures and referring patients to tertiary facilities when patient need dictates. In rural areas clinical officers manage and run missionary and district hospitals where there are no doctors and often hold similar responsibilities to their senior counterparts. Clinical officer training is generally shorter (minimum of three years compared to six years for a doctor) and they subsequently undergo a one year internship. Following qualification they can specialise in a department (such as medicine, surgery, paediatrics, obstetrics and gynaecology, psychiatry), following further postgraduate study. This qualification is often not recognised in developed countries, therefore they are seen as an investment in the health workforce since they often do not leave the country after qualification.

Kamuzu College of Nursing (KCN) was founded in 1979 with its mission to deliver high quality and cost effective nursing and midwifery education and other health related programs to students and other stakeholders through teaching, research, consultancy and outreach, advance professional growth and promote the health of the people of Malawi. It is the biggest nursing and midwifery college in the Southern African Development Community (SADC) offering both undergraduate and postgraduate qualifications. Through our partnership with KCN we are continuing to expand our support to nurses in training in Malawi.

Nothing makes us prouder and more excited than our students sending us photos of their graduations!

On 15th June, at Bingu International Conference Center in Lilongwe, Malawi, Manasseh Nyirenda graduated as a nurse after 4 hard years of studying, overcoming the challenges he faced. Now he's ready to enter the health workforce where there are just 59 nurses per 100,000 in Malawi. Nurses are so important - they are the main health workers staffing rural clinics and government facilities.

All of our students are special to us, but Manasseh is particularly so, because he was our very first student nurse that we supported back in 2015 at [Mzuni](#). This was the start of M2M supporting nurses at Mzuzu University, where we now continue to support a further many more students.

Well Done and Congratulations Manasseh



Statement of financial activities

The next two pages show a statement of Medic to Medic's financial activities for the year 2017-2018 and a balance sheet. For more information please see our Financial report for 2017/2018 on our website

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

Medic to Medic Ltd

Notes to the financial statements

For the period ended 30 June 2018

2. Prior period comparatives

	Restricted £	Unrestricted £	2017 Total £
Income from:			
Donations	3,869	73,885	77,754
Investments	-	1	1
Total income	3,869	73,886	77,755
Expenditure on:			
Raising funds	-	6,600	6,600
Charitable activities	3,439	62,419	65,858
Total expenditure	3,439	69,019	72,458
Net income	430	4,867	5,297
Transfers between funds	59	(59)	-
Net movement in funds	489	4,808	5,297

3. Income from donations

	Restricted £	Unrestricted £	10 months 2018 Total £	12 months 2017 Total £
Regular giving	1,350	23,040	24,390	16,989
Other donations	3,445	3,240	6,685	9,526
Fundraising donations and appeals	1,434	4,850	6,284	42,254
Gift aid	-	3,449	3,449	6,735
Grants	4,000	-	4,000	2,250
	10,229	34,579	44,808	77,754

4. Government grants

The charitable company does not receive government grants.



Balance sheet

Medic to Medic Ltd

Notes to the financial statements

For the period ended 30 June 2018

10. Debtors

	2018 £	2017 £
Accrued income	-	500
Prepayments	<u>256</u>	<u>247</u>
	<u>256</u>	<u>747</u>

11. Creditors : amounts due within 1 year

	2018 £	2017 £
Accruals	<u>1,020</u>	<u>2,684</u>

12. Analysis of net assets between funds

	Restricted funds £	Designated funds £	General funds £	Total funds £
Current assets	6,105	3,000	24,670	33,775
Current liabilities	<u>-</u>	<u>-</u>	<u>(1,020)</u>	<u>(1,020)</u>
Net assets at 30 June 2018	<u>6,105</u>	<u>3,000</u>	<u>23,650</u>	<u>32,755</u>

Prior period comparatives

	Restricted funds £	Unrestricted funds £	Total funds £
Current assets	489	31,447	31,936
Current liabilities	<u>-</u>	<u>(2,684)</u>	<u>(2,684)</u>
Net assets at 31 August 2017	<u>489</u>	<u>28,763</u>	<u>29,252</u>



Medic to Medic Fundraising page

A special thanks to our Medic to Medic Fundraisers!

Rotorua
Charity Raffle

\$1,030 Raised

Thank you to everyone who bought tickets!

Thank you to all the local businesses who donated prizes including:
Polynesian Spa, Atticus Finch, Urbano, Hell's Gate, Pig & Whistle, Capers Café, Paradise Valley Springs, Redwoods Tree Walk, Hukafalls Jet, Skyline, Helibike and Kaituna Rafting.

THANK YOU!!!

Well Done
to all the winners who included:
Isaac, April, Alyssa, Ashleigh, Chris, Aidan, Tom, Ron, Si, Sam, Chad, Alice, Helena, Happy Jono, Sharon, Abban, and Claire.

Money raised has provided scholarships to struggling healthcare students in Malawi!



Medic to Medic
UK Registered Charity 1149904
www.medictomedic.org.uk

Thank you to Rotorua Hospital for letting us run a raffle at their doctors Ball! We raised NZ\$1030. Thank you to all the local businesses who have donated.



Tamsin Booth
The Big Half



Mary Naisby
The Great North Run



Thank you to our group of Christmas carol singers (including UCL Hockey Club) who sang at a selection of tube stations throughout December. This brings our total amount raised from carol singing at tube stations this Christmas through to £484!

Training for an event and/or keen for your efforts not to go to waste?
Think of us! Get in touch and we'll send you a sponsorship pack with more information about how we can help you!

info@medictomedic.org.uk

www.medictomedic.org.uk



....and thank you!

Thank you for volunteering to transport books to Malawi!

Thank you to everyone who has donated books over the last few months and to everyone who has helped with logistics and transportation.

Elizabeth Gondwe kindly offered to transfer books from Blantyre to the rural district hospital whilst on her family medicine rotation in Neno. They will be used by family medicine trainees and 4th year medical students on rotation in Malawi.

Well done and Thank you to Mary Naisby who is a regular donor of Medic to Medic. She ran The Great North Run in 2 hours and 40 minutes — what an amazing achievement! She raised £440 after Gift Aid.

Dr Neil Merrylees a GP at Dundee University for helping with the biannual student interviews in February.

Thank you to Hurst Essay Prize markers for 2018: Dr Cathy Madden, Dr Maddy Gupta-Wright, Dr Richard Banks and Dr Tony Williams

Thank you also to Dr Hurst for donating the money for the prizes.

Well done to Tamsin Booth who successfully completed the Big Half in London in March. Thank you for braving the cold and raising over £900 for Medic to Medic! An incredible achievement!

Thank you to David Scott for writing his blogpost on developing pharmacy in Malawi.



Administrative details

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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 annual report. Where omissions have occurred, please advise and they will be rectified at the earliest possible opportunity.



Medic to Medic



@MedictoMedic



Medic to Medic



How you can help.....

Most of our donors give just £5–20 per month. If you feel you can sponsor a medical 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 up-dates 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 one 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

<https://www.medictomedic.org.uk/>

UK registered charity No: 1149904; UK Company No: 088176249





Medic to Medic was founded in 2007 to address the problems of training and retaining medical students in some of the world's poorest countries.

Medic to Medic helps by supporting resource-limited, but dedicated students through health care worker training, supporting the sustainability of the health systems in their home countries. We cover their tuition fees and give them allowances for equipment and books. We link them to individuals in the UK, who provide them with personal support. We help them after graduation until they can support themselves and work as much needed health workers in their countries.



Medic to Medic

