



November 2012

Billy's Malawi Project

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All donations are welcome and are tax-deductible. Use our web site to donate on-line.

Visit the clinic's website at
www.billysmalawiproject.org

We ask you to support this good cause

You have not heard from us for awhile and for that we apologize. Various factors have slowed down our efforts to raise funds, not the least of which is the volatile situation in the country of Malawi. Sending money has been risky because there was a distinct possibility of the money not finding its way to the clinic. Therefore, we did not send a summer appeal, nor did we host Miles for Malawi on Thanksgiving morning. But we have finally found a safe way, and will send a grant soon for Billy's Clinic.

The country of Malawi in Africa has been and still is one of the poorest countries in the world. People in Malawi live on less than \$2 a day. For years our friend Mags Riordan has devoted her life to improving the health of the people of the village of Chembe at Cape Maclear.

Our world is challenged in many ways. People with the means to help are continually asked to give to help people in need. At Billy's Malawi Project, we normally send out an appeal letter twice a year. This is the only one in 2012.

Your support has been vital in supporting the work

by Mags and others in Malawi. The Billy Riordan Memorial Clinic has served over 130,000 patients and improved the health of the people of this poor country since its opening in 2004.

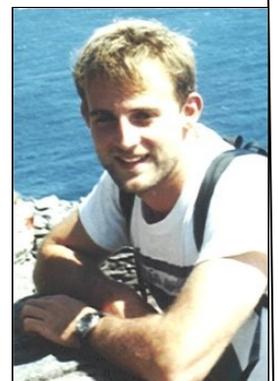
Thanks for your consideration of this request. Because of your past generosity, we have been able to send over \$40,000 to the project. We hope to continue to provide this kind of support. If you would like to donate, please send to our address in West Springfield as listed above. We will send a gift card to donors and this may be used as a holiday gift.

Thanks again, and have a good and healthy holiday.

Pictured above are the two clinics; to the right Billy Riordan in whose memory his mother has established the project.

Mags Riordan says,

"Billy's death breathed life into the village."



An update on the clinic by Mags Riordan

The Billy Riordan Memorial Trust is an Irish NGO (non-governmental organizations) established in 2002 by Kerry native Mags Riordan in direct response to the medical needs of Chembe village, situated on Cape Maclear peninsula at the southern shores of Lake Malawi. The trust depends on voluntary fundraising activities and provides essential healthcare for the isolated village with an estimated population of 15,000 and approximately 120,000 rural settlers contained within a 20km radius.

Prior to the establishment of the clinic there was no medical treatment available to the community. A long journey over a very bad road was the only way men, women and children could reach any medical service. Most could not afford the cost and survived or died without any medical intervention. Today, the clinic provides health care seven days a week; with regular day-time hours, and evening and 24 hour emergency services.

The primary care clinic was constructed and opened in 2004, and because of high demand for services it was followed by the completion, in



2007, of a second building for short term in-patient care. Due to the high level of HIV infection in the community, in 2009 the trust opened a HIV/AIDS clinic which today provides counselling and testing, and antiretroviral drugs and treatment for over 800 local HIV positive patients.

Since 2004 the clinic has provided primary medical care and out-patient and in-patient facilities for more than 300,000 cases; treating numerous complaints, including HIV/AIDS, Malaria, TB, pneumonia, Schistosomiasis, arthritis, physical injuries, childhood illnesses and infections. With an average year-on-year rise in treatments of more than 10 percent, over 500 patients are treated on a weekly basis.

Further complimenting its value to the community, the clinic also provides family planning services, an eye clinic, a malaria education programme, a bi-annual school Bilharzia

Pictured above: In-patient care at the clinic available to 1,000 people.

Left: Students of the Surgeon Noonan Medical Students Society University College Cork present a donation to Riordan, as part of the proceeds of their annual fundraising activities.

and worming treatment programme and an under-fives feeding clinic. The clinic provides ambulance transfer to Mangochi District Hospital for urgent cases; transport and taxi costs are paid for by the clinic for non-urgent patients.

A total of 32 local people are employed on a fulltime basis by the clinic. This includes patient care attendants; counsellors, lab technicians, translators, office staff, cleaning, cooking and domestic staff, security and maintenance and translators.

With funding from the trust, all medical care and counselling staff have received relevant national qualifications, also benefiting from the extensive experience and support of the clinic's overseas professional volunteers. Volunteering for an average periods of six months, but often much longer, the clinic averages between 10 to 15 overseas medical staff at any time. Permanent and long-term staff at the clinic includes Dr Jeannette Van Os and Nursing Manager Steve Free, nurses Siobhan Cogan and Sheila Byrne Harte and office manager, Elaine Cosgrove.

To date, more than 300 volunteers, including doctors, nurses, physiotherapists, dentists, audiologists, teachers, builders, logisticians and accountants, have given their time and expertise working with the trust, many returning several times.



The future with a need for expansion by Mags Riordan

To date, the trust has depended directly on the fundraising initiatives of volunteers and private donors to provide the estimated \$175,000 per annum required to maintain what is accepted to be the best public health care facility in Malawi. However, having almost reached capacity level for existing provision of services, the trust has now identified HIV treatment and education as two key pillars for future positive community development.

Despite statistics from the Malawian National Statistics Office and various international agencies estimating the national prevalence of HIV/AIDS at between 11-15 %, the clinic's Chief Medical Officer of eight years, Dr Jeannette Van Os, estimates local infection rates to be as high as 30-40 % among the adult population, acting as an impossible barrier to sustainable local development. A number of localised social and economic factors underpin these high rates, including the high level of transient fishermen and vendors in the community; low educational levels; lack of knowledge; fear of testing and stigma; in particular, men are far less likely to get tested, also in some cases refusing to allow their wives to be tested.



The trust has an incredibly effective management system in place for the provision of health services; however, the clinic is currently close to maximum capacity for HIV services, already treating 800 out-patients and providing testing, treatment and counselling for new cases. A comprehensive range of services is provided, including antenatal and maternal care, an under-5 and pre ART clinic, as well as prevention services including family planning and exposed infant treatment.

Policy actions:

The trust is preparing plans to build a HIV specific unit which will also provide in-patient treatment and a separate testing and counselling area, to assure privacy, currently perceived as a barrier to treatment. Using the clinic, HIV counsellors and local volunteers, the trust is seeking to implement a new HIV public education programme focused on a number of key social groups, including school children, non-school attendees, young women and wives, fishermen, and vendors and stallholders.

A health and educational outreach programme is also envisioned for the nearby rural communities, whereby regular mobile clinics will be operated in these communities to deal with the high level and diverse range of health issues.

With large numbers of young people sexually active by age 15, a monthly drop-in health clinic is also envisioned for the secondary school which can help students with issues relating to HIV in particular.

The village's lakeside location means Malaria and Schistosomiasis infection rates are at endemic levels; an aver-



age of 10,000 patients treated for Malaria each year, with the vast majority young children. Large numbers of the local community are also affected by Schistosomiasis, commonly known as Bilharzia, a parasitic infection hosted by lake snails. Among the most serious complications caused by the disease include liver and kidney disease, bladder cancer and heart failure.

A significant number of local children still do not attend school and household priorities often mean girls' education is adjudged as a poor investment, which means they do not receive the bi-annual inoculations.

In research undertaken at the primary and secondary schools, the gender imbalance in attendance is notable. Prioritising health education for young girls has been seen to reduce fertility, child mortality and general ill-health, reducing burdens on the poor and improving their economic security.

Policy Action:

To ensure increased access to education; with specific targeting of young girls, the trust is considering the construction of a new state primary school, with staffing supplemented by an already long list of overseas professional educational volunteers.

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We ask you to consider when purchasing items on the Internet that you use iGive.com as your search engine and designate Billy's Malawi Project as your charity. A portion of your purchase price is given to our organization and we send it on to help supply medicines for the people of the village.



**Flags of
 Ireland and
 Malawi**

About Malawi

- Where: Sub Saharan Africa: borders with Zambia, Mozambique and Tanzania.
- Population: 14.8 million.
- 80% of population live rural-ly and engage in subsistence agriculture
- Life Expectancy: 53 years.
- 52% of the population live in extreme poverty
- 14 percent of population are HIV positive.
- 20% infant mortality rate among children under 5 years.
- 20% of children under 5 suffer malnutrition
- 72% of people live on less than \$2 per day.

**Building on Successful Health Interventions
 for Future Sustainable Community Development**