

The Virtual Doctors

Summer 2018 Report

Insight & Update for our donors and supporters

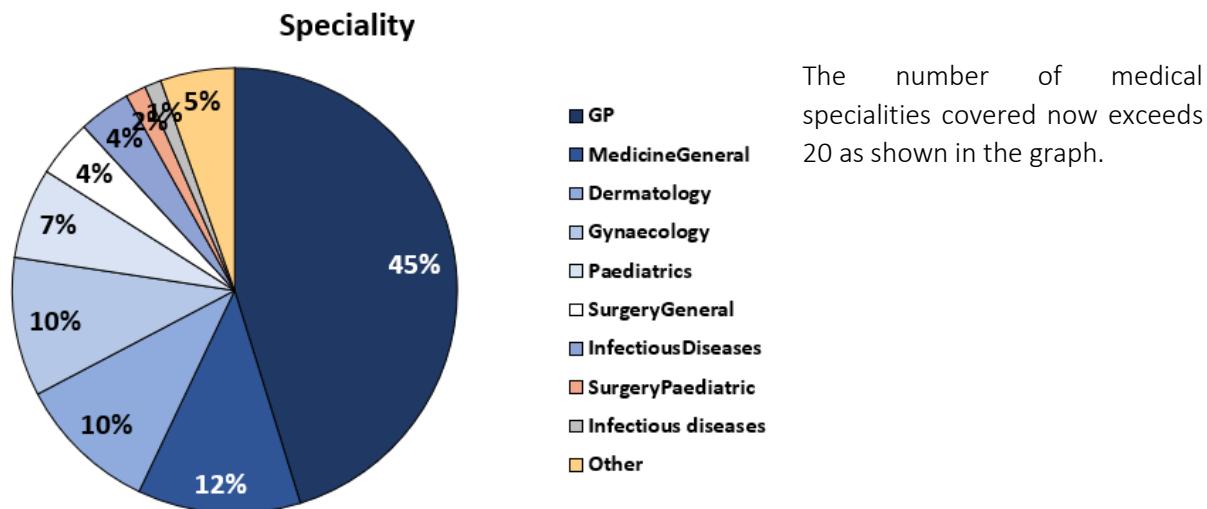
The first six months of 2018 have been challenging and exciting for the organisation. Progress has been made, thanks to the generosity of our supporters. Challenges prevail, as ever, and we continue to struggle to bring in the resourcing we need to keep pace with our plans and the demand for our service, but we remain undaunted in our mission to fulfil our promises both to our beneficiaries and to our donors. These are very dynamic and exciting time for the Virtual Doctors and we would like to share the highlights of the past six months with you, because we could not do what we do without your support.

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This year has seen a significant increase in the patient cases coming to our volunteer Doctors. This has been a result of the expansion phase more widely, making it available to more clinicians (Clinical Officers and senior nurses) in the field in Zambia. We now serve 9 districts covering an estimated 1.6 million people, 12% of the population of Zambia.

We could not deliver this service without the support of our Volunteer Doctors whose number on our register has increased to 80 (which includes rising numbers of Doctors in Zambian cities).

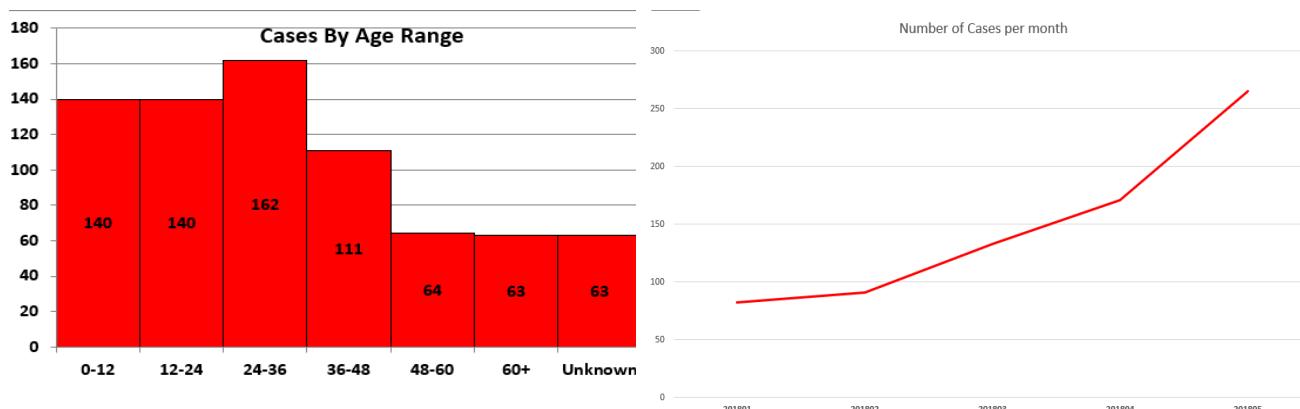


Update on Operations

Usage of the Virtual Doctors by rural health workers continues to rise! The total number of health facilities supported by the Virtual Doctors (VDr's) currently stands at 63 with 70 clinician users.

In the last report we mentioned our new WhatsApp Group which was helping to improve communication. The introduction of the WhatsApp tech support group is now used by clinicians in Zambia as well as the VDr's support team in Lusaka and in the UK.

This has created group **solidarity** and **improved communication** of technical issues, so they can be swiftly dealt with. The service has supported over **1,300 cases** since the introduction of the new VDr's app in 2016, with **361** cases processed this **May 2018** alone.



The technical elements of our service

The Virtual Doctors **app** and patient **cases website** continue to be advanced. We benefit from the on-going support of the dedicated team of developers who donate their free time, facilitated through the Landmark Information Group CSR scheme, and continue to consolidate the current backlog of VDrs system enhancements. This pro bono support enables ongoing cost savings.

Upcoming improvements include the phasing in of a new version of the cases website. This is the component of the service that our volunteer Drs access to retrieve and review patient cases. The new version will be '**smartphone friendly**' allowing them to access cases on smartphones. We will also be phasing in use of **SMS message notifications** so that volunteer Drs will be notified they have received a patient case direct to their phones, as well as the current email notification, to help **speed up response** times to patient cases.

Educational elements of our service

A newly formed Medical Team, under the leadership of our Medical Director, continue to advance the **educational and mentoring** component of the VDrs, via the **Forum** and **Podcasts**. Dr Fran Fieldhouse and Dr Minnie LaCamp's twice monthly Podcasts on various aspects of medical procedure and conditions are proving popular with the clinical officers.

Podcasts have focused on everything from simple advice on how to take a patient's history with limited time available to respiratory examinations, hypertension, pneumonia, taking cardiac history, heart failure and eczema. Subjects for Podcasts are chosen based on **common presenting cases** in the health facilities. All the podcasts have been uploaded to YouTube and can be found on the Virtual Doctors' [Podcast page](#).

Podcast feedback from Clinical Officers (Verbatim)

- **Community Acquired Pneumonia Podcast** - *"Well that's a very interesting presentation, I like it and I have been reminded of some things I forgot about community acquired pneumonia thanx once more". "Very educative. I will manage case well...I was kind of mismanaging..."*
- **Taking a Cardiac History** *"Wow, was just listening to the cardiac history and I loved it especially where doc was summarising what the patient had said at every new complaint...I will be using this technic, pt feels u r really paying attention to them...can't wait for the examination podcast...thanks doc..." "This is awesome, very helpful and educative. We look forward to more podcasts..."*

Our "[Cases from the field](#)" section on our website is regularly updated with some interesting patient cases.

In the Field: Case Study

HIV complication, November 2017. Chaanga Rural Health Centre (Siavonga District) – CO: Innocent Mwale.

This was a 20-year old woman who had been brought to clinic in an unconscious state. She was HIV +ve on ART but had not taken her medication for 2 weeks. She looked emaciated and dehydrated. The clinical officer put the woman on fluids to rehydrate. The clinical officer was advised that this was likely due to advanced HIV disease and poor compliance but gave advice on how to look and check for other causes of unconsciousness. IV antibiotics were added to her treatment to treat other potential causes. The next day the clinical officer reported that the patient was doing fine and had regained consciousness.

Zambian Expansion

In February, the Zambian Ministry of Health requested that the Virtual Doctors service should be **expanded to all Provinces**. We can only expand as fast as resources will permit however and our target of 50 sites by end of 2017 was not achieved by year end as reported. There were numerous factors that affected this, some beyond our control. We have, however, made some progress towards our goal and expanded the service in Clinics, Hospitals and Missions in the first months of 2018 so are back on track. These are located in 4 new Districts in 3 Provinces.

Amongst these is the Santa Maria Mission in **Chilubi Island**. Chilubi Island is a District in Northern Province and is one of the **most remote sites we support**. The VDrs has been introduced into this Mission which is a “zonal clinic”. A zonal clinic generally has more capacity than a Rural Health Centre but falls short of being categorised as a first level Hospital. The nearest referral hospital is around 8 hours by ferry boat. That journey would be very difficult for a sick patient. The VDrs service will be a great support service to help clinicians deal with complicated cases when referral to Secondary care is so very challenging.



*The dedicated nurses of Santa Maria Mission,
Chilubi Island*



*Chilubi Island, Lake Bangweleu.
Northern Province, Zambia*

We expanded into **Southern Province**, making our service available to **26 clinicians across 9 sites** in Zimba District and 11 sites in Kalomo District, including several District Hospitals with multiple users. Three additional sites were also set up in Chilanga District, closer to Lusaka, with high population catchment areas in response to demand. Our focus remains predominantly in **rural areas**.



Malawi Trial

The Executive Director and Zambia Project Manager travelled to Malawi in January to provide a demonstration of the VDr's to the District Health Officers of the nine Districts of **Central Region** of Malawi. The meeting was hosted by the Director of Kamuzu Central Hospital, Dr Jonathan Ngoma, in Lilongwe. The Surgeon General and several senior Ministry of Health Officials were also present. The Malawi Ministry of Health are keen to see a **pilot of the VDr's** set up soon and we are in the process of identifying three health facilities in Central Region for the pilot.

Unfortunately, our plans to introduce this pilot in the early part of 2018 have been delayed. This is due, in part, to lack of funding as our Malawi Appeal was not as successful as we hoped within the set timeframe. The appeal has been extended and we hope to introduce this trial into three sites in the near future.

Map showing Central Region of Malawi (in red)



Left: Tyrell Junius, VDr's Project Manager (Zambia), provides a demonstration of the VDr's to the DHO's of Central Region at Kamuzu Hospital, Lilongwe

Other Activities

Income Generation

As we approach the six-month financial review, the trustees recently called an emergency meeting to assess the funding situation. With our limited resourcing capabilities to generate funding, and the realisation that our reliance on income from Trusts and Foundations cannot be a given, the Board took the reluctant decision to slow the expansion plans and new trial, whilst ensuring that resourcing is focussed on the current service delivery. Despite ongoing efforts to make applications, new funding is proving elusive in the current climate.

We continue to enjoy the support from a few loyal organisational and individual donors, as well as, more recently, acquiring some new interest from funders, so we retain our optimism. We will continue with our strategy to slowly diversify our income streams by encouraging regular pledges, introducing events and some simple online mechanisms. We also continue to benefit from a church adoption in Dorset whose congregation take a keen interest in our work and which is now in its second year. We have welcomed ongoing interest from several Rotary Groups this year, have a deepening relationship with a public school in West Sussex and are seeing a small rise in our regular monthly givers. Recently we have introduced some digital fundraising schemes which are now listed on a new "Click and Fund" page on our website and are promoting challenge events on our "Fit and Fund" page. One recent "sports related" fundraiser was our Medical Director taking part in a 67 Mile challenge along the Oxfordshire Way, which led to some radio and TV coverage that helped to raise our profile as well as funds! We are hoping that Fran will inspire other runners to take part in our latest initiative which is recruiting runners to take part in the Royal Parks Half

Marathon in October 18. We also hope to hold an event in Zambia later this year, supported by our local representatives.

New Virtual Doctors volunteer team members

Nicola Mccahill was officially welcomed as the Virtual Doctors volunteer Operations Manager and Secretary to the Board. Nicola is a lawyer and has worked in the UK and overseas with experience working for charities, at the Children's Legal Centre and as a volunteer with IPSEA. She's looking forward to the challenge of helping Virtual Doctors expand into Malawi.

Kathy Burke joined the board as a Trustee in April. Kathy is a scientist with a background in reproductive health and HIV, who has worked in both the non-profit sector and the Federal government in the US, and more recently, as a teacher in the UK. She has been involved for many years with a number of educational and health-related charities.

Finally, What Clinical Officers say to us:

Francis (Chipapa CO):

"Virtual Doctors team deserve a very serious commendation for great contribution to improving the quality of health care being provided to the people of various communities of Zambia and more so for this wonderful development. Kudos to you the Virtual Doctors team".

Pelekolo (Chalimongela RHC)

"Thank you to the Virtual Doctors for imparting Clinical Officers in Zambia with knowledge on how to handle cases in our community."

Mutale (Chongwe CO)

"Thank you doc...very educational and informative...will handle cases of similar nature applying much of the information i have learnt...although every patient has different and specific needs...thank you once more..."

What we say to you...

On behalf of all those patients who have recovered as a direct result of your support, we would like to extend a heartfelt THANK YOU. Your ongoing support is making a considerable difference and we could not do what we do without your support.



Huw Jones - Executive Director

Ian Kerr Chairman of Board of Trustees

June 2018