



In our update at the end of 2018, we acknowledged that the year had been a challenging one on all fronts – financial, logistical and technical! Nevertheless, we are continuing to make progress, with an upswing in cases, much learned about our service from its users on the ground, and ever-increasing number and range of volunteer doctors. We remain hugely appreciative of our loyal supporters who, once again, continue to show a tremendous interest in our work; to those past donors who have helped us to grow and to also give welcome and update to new donors who have made contribution to our funding both in the form of traditional grant giving or through other active and creative ways.

We hope you will find the detail in this report encouraging.

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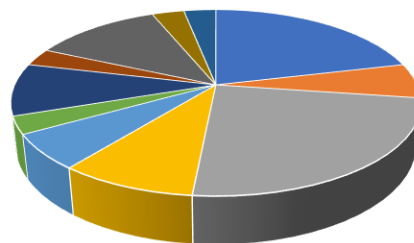
## Site Visits in Zambia

As part of our bid to improve and refine our service, our Lusaka team embarked on a monitoring and evaluation trip in mid-May. They spoke to 42 of our 80 Clinical Officers (COs) who use the Virtual Doctors service, asking questions including the challenges they face, what they see as the benefits of our service and what they feel would improve their and their patients' experience. The Lusaka team felt it was a highly valuable undertaking, cementing relationships with the COs, increasing our understanding of their workloads and working environments, and motivating them further. The chart below shows the COs' feedback regarding the benefits of the Virtual Doctors:



*Consider and Stella  
(Zambian Team) with  
Kennedy Mulenga. CO of  
Ngwerere RHC*

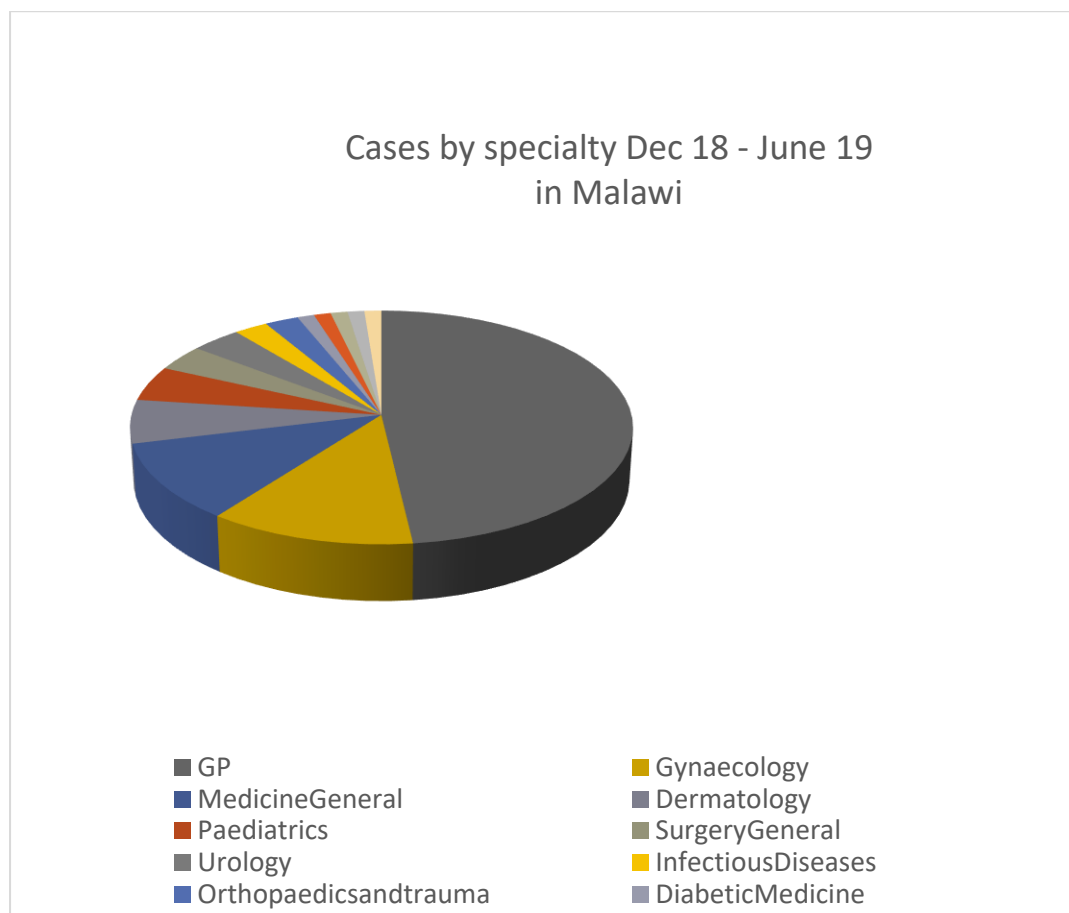
### COs' identified benefits from using the Virtual Doctors



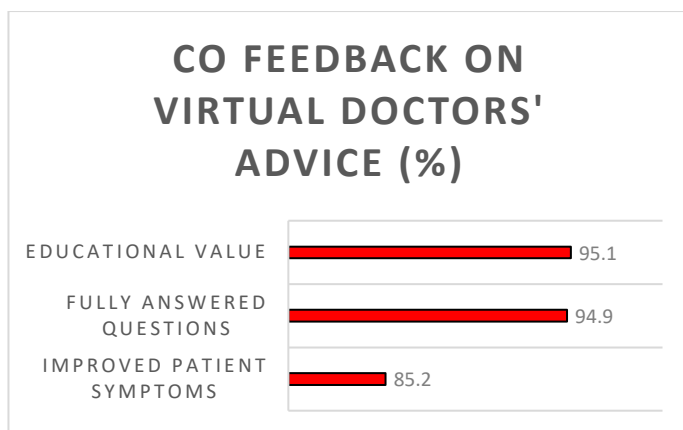
- General improvement in patient care
- improvement in examination and research
- Increased knowledge in dermatology
- Increased knowledge sharing
- Fewer unnecessary referrals
- Increase in practical skills
- More independent ability to treat patients
- Understanding of serious conditions

## Update on Operations

We have now responded to 3,500 cases. We have more than 80 COs using our service in multiple sites across 11 Districts in Zambia and have trained CO users in 6 sites in Malawi. Our trial in Malawi in Lilongwe District is already proving beneficial with 100 cases handled in the first few months, covering a range of medical specialties as outlined below. The Malawi trial is supported by 12 dedicated UK VDr's volunteer Doctors. TNM, the country's leading telecoms provider is providing **free bandwidth which is helping us to reduce costs** and they have generously donated **\$4,500** towards the VDr's trial and future expansion. Our trial will run until the end of August. A report on outcomes will be presented to the Ministry of Health and TNM and after evaluation and once the essential components for the service are clear, we hope to determine the next steps that may involve further roll out in Malawi if deemed successful and additional resourcing can be secured.



The chart below registers the positive feedback of the COs in Malawi to the advice they have received from volunteer doctors since the trial commenced.



*Consider & Stellah with  
Might Nehemiah, CO of  
Chiawa RHC (Zambezi  
River)*



## What Clinical Officers say

Recent comments from our M&E exercise reinforce the educational benefits the Clinical Officers (COs) derive from their interactions with volunteer doctors, and the increased knowledge-sharing among fellow medical professionals and the community

- *“since I got involved with the Virtual Doctor programme my knowledge has increased and doctors trust me to see patients without going through them. Thanks to Virtual Doctors”, CO, Chongwe district hospital*
- *“I have shared most of the knowledge I have gathered with other colleagues... I am able to manage most cases after being mentored” CO, Kanakantapa clinic*
- *“I have gained much knowledge on dermatology cases. I’m even able to help my fellow COs who are not with Vdrs on skin cases”, CO Chongwe clinic*
- *There are certain cases that we used to refer unnecessarily but we are no longer referring them because of Vdrs, CO, Ngwerere clinic*

## In the Field: Case Studies

### A focus on Ophthalmology

Zambia has a large blind population and one of the highest rates of childhood blindness in the world. With only one ophthalmologist per million Zambians, the prevalence of blindness is estimated to be as high as 2%. \* Perhaps it’s not therefore surprising that ophthalmology is a much called on medical specialty among the Virtual Doctor cases referred to our team of volunteer doctors. The ophthalmology cases range widely. Here are 3 cases that required ophthalmological expertise in the past month.

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**Example Case 1** - A 20-month-old baby boy with a fishhook hooked through the upper left eyelid and in considerable pain was brought to Shacele clinic in Shibuyunji District. The CO, Sarchristina Nayangwe, contacted the Virtual Doctors. The responding volunteer doctor confirmed that the CO's initial treatment of the young child with pain relief and a tetanus injection was the correct course of action. She then advised (providing the fish hook had no spikes on it) the CO to apply local anaesthetic (1% lidocaine) to the eyelid (skin only) and then slowly and gently remove the hook in the direction it went in, following the bend of the hook. She mentioned that the CO should clarify with the parents or carers of the child what kind of hook it was. Once the hook was removed, the CO should clean the wound and establish whether the cornea had been injured. If so, the child would require antibiotic ointment and an eye patch and would need to be seen by an eye specialist.



**Example Case 2** Another case involved a 59-year-old man who had had cataract surgery 6 months earlier. He came to Lisitu clinic in Chirundu District, complaining of periorbital pain, reduced and blurred vision with his symptoms aggravated by bright light. One of our volunteer doctors with an ophthalmology specialty responded to Bernard, the CO's, request for advice. She was keen that a slit lamp examination take place as that would provide more information about the condition of the eye, and thus recommended that patient be referred to an ophthalmology clinic. In the absence of that the volunteer doctor suggested several other possible avenues to check to eliminate potential causes of blurred and reduced vision, including the prescription strength of the patient's glasses, possible delayed infection resulting from the cataract operation and even the remote chance of glaucoma. Such substantial information was much appreciated by the CO, Bernard, who wrote in response: *"Thank you so very much for the great work and the responses that have proved very helpful and educational. Continue the great work. Thanks once more."* **Bernard Hanamwanza, CO**

**Example Case 3** A 15-year old girl came into Rufunsa rural health centre with pain in her left eye after a snake had spit saliva into it. Although, as the volunteer doctor acknowledged, it was not "a clinical situation I have personal experience with", she did the necessary research. She concluded that, "It seems some snakes spit venom aimed at the eyes of the victim and this can cause ocular surface inflammation and corneal abrasion". The treatment is copious irrigation with saline (or water if saline not available) and then symptomatic treatment: chloramphenicol ointment (or another broad-spectrum eye antibiotic) for 5 days and artificial tears (e.g. hypromellose or carbomer gel) as required until the eye feels back to normal. She added, "If it is easy to refer to ophthalmology then that would be prudent, particularly if it does not settle, but I suspect with her excellent visual acuity the prognosis is good and I hope it will settle." The doctor also provided a weblink to an article that could further help the CO learn about treatment of such ailments.

#### A comment from one of our "Virtual Doctor volunteers"

*"I think the thing I found most interesting and challenging is the reliance [in Zambia] on clinical symptoms and signs rather than tests (which we over-rely on in the UK). Makes you think harder. Also giving the best care possible in that setting by adapting medications etc"*

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“Sometimes simple advice makes a big difference.”

\*Orbis Africa, 2017 <https://orbisafrika.co.za/zambia/>

## Other Activities

Our Executive Director, Huw Jones, accompanied the CEO of Mildmay Mission Hospital on a recent field trip to Kenya. Mildmay Kenya works to empower communities to deliver HIV health care services through support, education and training. We are working to see how we can support telemedicine in Mildmay's area of operations in Western Kenya. During the trip Huw visited



Mageta Island – remotely located on Lake Victoria with just a small population of circa 10,000 people to test receptivity and meet administering medical professionals. Amazingly there is a mobile mast and strong signal that will mean that at least one box is ticked to enable our us to trial our service there in the future. There are a few other hurdles to overcome before this happens however, so watch this space!

## Twinning Scheme

Our twinning programme is making great progress. Three UK surgeries have far surpassed the £1000 target to twin with our Zambian clinics. Abingdon surgery celebrated their twinning achievement with a cake! They have twinned with Ngwerere clinic, while Springfield Surgery is now twinned with Chongwe clinic and King Edward Street Surgery, Oxford will be ultimately be twinned days with Zambian Helpers Society Hospital in Chilanga. We have two more surgeries, one in Oxford and one in Shoreham, minutes from our UK office, poised to start fundraising.

## Income Generation

Efforts continue to bring in sufficient funds to enable us to operate efficiently and effectively and plan ahead. We have our rolling programme of applications to Trusts and Foundations and have had some limited success of late with just over £21,500 of grant income received since January, with more pledged to come in over the next few months. We continue to benefit from our regular monthly and annual donors, and this is a huge help, as knowing when to expect income can help us plan ahead. We hope to secure more direct giving interest and develop a community fundraising strategy. We have recently received income from two Church groups, a Theatre Group and challenge event sponsorship through JustGiving and Virgin Money Giving and of course we continue to make monthly gift aid submissions. Thank you to those of you eligible for giving us these permissions. To date we have managed to fill 8 out of our purchased places in the Royal Parks Half Marathon to be held in October and have a number of supporters interested in doing other challenge events too.

## Volunteering – *hellos and goodbyes...*

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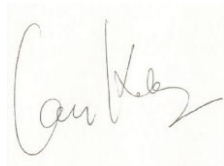
We recently welcomed a new member to our Trustee Board – Dr Diana Forrest. Our volunteer “Virtual Doctors” register now contains 113 medical professionals and our Medical Team is expanding under the guidance of Simon Gazeley and his colleagues. Sinan Rabee, recently recruited, will be helping our Executive Director with some special projects in the UK. During the spring we’ve said farewell to Nicola McCahill and Minnie La Camp who have moved on to another exciting venture and we wish them well with this. We are currently in the process of recruiting a new Board Secretary. We say au revoir to Jo Nolan too, who has been hugely helpful on the administration front whilst covering for our Executive Business maternity cover but after her departure at the end of June will continue to help with M & E exercise in the short term. We would like to take this opportunity to thank **everyone** involved. You are all making/have made such a valuable contribution which is making a BIG difference to the organisation and we say an equally BIG welcome to those new volunteers who will bring expertise to contribute to our next exciting phase of our organisational development.

#### 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

A Virtual Doctors exclusive! – <https://www.virtualdoctors.org/in-a-nutshell> - we would like to thank Dr Daniel Grace for producing this brief video introduction to our charity work in Zambia.

For more information go to [www.virtualdoctors.org](http://www.virtualdoctors.org)

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