

Second Twelve Months Progress Report of the Salvation Army - College of Medicine Bangwe Project – January 2005

Introduction

This is the second report of the Bangwe project written for private donors. It provides details of activities and future plans. It also summarises donations received and how the money has been spent. Finally, on behalf of everyone involved in the project, it thanks you for your support.

Funding

Donation methods

All funds which are not specially earmarked for activities such as the drama group and orphan support (which we pay for directly) reach the Salvation Army, which is responsible for their financial governance. The system in place, if funds are sent directly to the Salvation Army together with a gift aid declaration, allows the Army to retrieve 28% income tax – boosting the funds available for the project substantially. For those of you who sent funds direct to our Malawi account in 2004 do not worry as the money will be transferred in bulk to the Salvation Army with a gift aid declaration attached.

The address is:-

The Salvation Army
Overseas Projects Office
UK headquarters
Newington Causeway
London, SE1 6BN.
Attn:- Lieut-Colonel Mary Elvin

Marked – for the Bangwe Salvation Army/ College of Medicine project, Malawi

I attach their gift aid declaration form to this email.

If you prefer or if you wish your donation to be used for orphan support, the drama group or some other special purpose please deposit into our special bank account in HSBC Chard:-

HSBC, 11 High Street, Chard, TA20 1QQ

Account Title BOWIE MALAWI

Account Type HSBC PREMIER

Account Details 40173811216511

International Bank Account Number GB13MIDL40173811216511

Branch Identifier Code MIDLGB2125F

It helps us keep track of funds if you email us the details.

2004 Donations

Donations for the year come to £6481.50 of which £350 was earmarked for the drama group and £50 for orphans. £1250 was sent direct to the Salvation Army and the rest to our Bangwe account in

Chard. The Salvation Army should be able to claim tax on gift aid of £282. In addition tax back on gift aid of donations sent to us directly and which is not earmarked should amount to £1362. The total funds available for the project therefore come to £8126 – a really valuable resource for us to be able to use. Thank you.

Date	Donor	Gift
01/03/2004	Second annual part of a three year donation	£ 1,000.00
01/03/2004	US based friend	£ 250.00
24/06/2004	Family donation	£ 494.00
24/06/2004	District nurses - Chard	£ 530.00
21/07/2004	Scottish family donation	£ 350.00
20/08/2004	Family donation	£ 1,000.00
18/11/2004	Friend of Claire	£ 500.00
02/12/2004	Trinity United Reform Church, Wimbledon	£ 250.00
17/12/2004	District nurses - Chard	£ 407.50
30/12/2004	South Shawlands Church of Scotland	£ 487.03
30/12/2004	Scottish family donation	£ 1,212.97
Total		£ 6,481.50

Looking back on the second twelve months

The epidemic unfolding in Malawi

The disease continues to devastate the country. 20% of young adults are infected and 200 die of AIDS each day. The extended families are at breaking point in an effort to care for orphans. While Bangwe is one tiny part of the country it has one of the highest prevalence rates and the community is trying to grapple with the situation in an urban setting where the traditional community support is limited.

Two things provide light at the end of the tunnel. Firstly the number of new cases seems to have reached a plateau – the epidemic is no longer expanding. Secondly treatment with antiretroviral drugs is becoming available, the stigma associated with the disease is diminishing and there is hope in the air.

The work in Bangwe

Claire was on her own for much of the year but we were able to recruit two nurses to help her in September with your funds. The project area has been increased in October from four to 8 villages. Despite being a peri-urban area, Bangwe is surprisingly scattered and sometimes roadless, which means a high proportion of visits are on foot – called “footing” - which is time consuming. Two motorbikes have been purchased and this allows access to the additional villages. Approximately 500 (274 in the four study villages) new patients were seen in the year. Many need frequent follow up visits particularly if in the terminal stages of the disease. The team made over 2500 visits (1376 in the four study villages). Nutritional assessment surveys of household members were also carried out twice this year. The time to do more follow up visits and to provide a complete service throughout Bangwe’s 15 villages is a priority for 2005.

Meeting the need

The therapeutic choices have been modified in the light of experience and a complete range of treatments are used to meet the common conditions which present. The analysis of the value of these treatments is now complete and an article for publication is being written.

The food distribution component of the project continued to be disruptive to the project and the community. Food is scarce throughout the area and the fair identification of people in need brings many problems, conflicts and disharmony. The World Food Programme has its own varieties of mismanagement! The supplementation programme continued until July 2004, its value has been assessed and we sent you a copy of the article that has been submitted for publication. Food does not improve survival and only marginally improves nutritional status in patients (but not in household

members). We are discussing with the World Food Programme what further studies should be undertaken to find out what has been going on.

Working with the Salvation Army

This remains a real problem. We have purposefully not sent this year's donations in case our work with them becomes impossible. As an example, it took 6 months for the motorbikes to materialise!

Despite these temporary difficulties the long term benefits to our partnership are potentially great. Patience is a virtue!

Looking forward to the next twelve months

Funding support

The Salvation Army has taken six months to submit the second year funding request to the National AIDS Commission. It seems that funding will be continued but we cannot be sure until we hear officially.

Family Health International (FHI), an American based NGO with financial backing from USAID is very interested in supporting our plans to set up a comprehensive HIV/AIDS programme in Bangwe. Again the Salvation Army has let us down by failing to provide the necessary plans and budget request in time but we are hopeful that FHI will still support us.

The big plan

The plan is ambitious. It includes:-

- Continuing the community efforts to stop the spread of the disease through primary prevention
- Extending home based care to all 15 villages
- Starting up a antiretroviral therapy clinic in Bangwe with the Ministry of Health
- Starting a “positive living” scheme to:-
 - Identify infected people early
 - Encourage healthy living – particularly safe sexual practices
 - Prompt treatment of infections such as TB
 - Nutritional support and multivitamins where necessary
 - Prevention of infections through bednets and water and sanitation schemes
- More accurately identifying the needs of orphans and setting up sustainable schemes to help them
- Pioneering a training scheme for home based care assistants – shortage of trained nurses suggests that someone between a home based care volunteer and a nurse is needed. Fatima and George, our two assistants, are on 10 week training course at the moment.
- Research to evaluate the whole project

What it is really like

A couple of anecdotes of Claire's day help to put the whole thing into perspective.

Work continues to be filled with the daily tragedies of this horrible disease but we do have a few success stories and I feel there has been much progress over the last year. Anti-retroviral therapy is making a difference to many lives and although the WHO target of 3 million by 2005 looks over optimistic it is a start.

22 year old Grace sadly presented too late for us to be of little help. The eldest of an orphan headed household, she leaves behind 4 younger siblings with no means of support and a bleak future. But we have been able to refer them to the Salvation Army Orphan and Vulnerable children volunteers who, with the help of the village action committee, can assist with basic needs such as soap, clothing and food. Maybe we can help pay for some secondary education.

Felix and Annie Jozee have advanced Aids. They are both very sick and fall prey to repeated opportunistic infections. They have 4 little boys. They started antiretroviral therapy 4 months ago so far with no significant change. But hopefully if they can get through the next crucial few months, their immune systems will improve and they will begin to feel stronger, put on weight and .will survive long enough to see their children grow up. They appreciate our weekly visits and need all the support and encouragement we can offer.

Conclusions

The work can not have been done without your support. Through you, we have

- Employed two full time nurses
- Bought two motorbikes
- Supported the drama group which performs one of five plays on different aspects of HIV/AIDS each weekend and has started a youth group
- Paying school fees for five orphans' secondary education
- Paid for data collection and help with analysis

Needless to say we can use more cash! But there is something equally important. We hope this report reassures you of the good use to which your contributions have been put so far.

Claire and Cameron Bowie

College of Medicine

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