

Third Twelve Months Progress Report of the Salvation Army - College of Medicine Bangwe Project – December 2005

Introduction

This is the third annual 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.

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.

Treatment with antiretroviral drugs is now available in urban settings including Bangwe. The drugs are free and waiting time to start them only a few months. We mentioned that stigma associated with the disease is diminishing and there is hope in the air, but this culture shift, if anything has slowed down. The new President is clearly still in denial as are many other leaders of the country. This is true in villages as well. A medical student of ours did a survey in the northern region and asked the families of a member who had died of AIDS what was the cause of death. Only 22% said the death was due to AIDS. His point is that people will not change their behaviour and live in a safer way if they deny that their own family member has died of the disease.

The work in Bangwe

The two nurses we recruited are excellent, although Lydia will be going on maternity leave next year. Norton is exceptionally able and he has applied to take the Masters in Public Health degree course which we run at the college and which starts in January. He will be on study leave for two weeks every two months, so we will be recruiting more nursing help. The project area has been increased to weekly visits to nine villages with the remaining 6 visited on the request by the volunteer. 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. A third motorbike has been purchased, so now we have three, and this allows access to the additional villages. Approximately 500 new patients were seen in the year. Many need frequent follow up visits particularly in the terminal stages of the disease. The team makes over 300 visits and sees over 30 new patients a month.

Meeting the need

The needs of those patients on or waiting to go on ARVs provide new challenges for responsive care. Drug side effects are common. The fact that you cannot be on TB and ARV treatment at the same time poses real problems. Helping people take their drugs regularly can be a challenge. We presented these early experiences as a poster presentation at the College of Medicine’s dissemination conference in November – electronic copy available on request.

Food is still a major problem – its scarcity and the effect of this on patients. A local food producer has asked us to run a trial of a ready to eat food concentrate – Sibusiso, which we plan to do next year. In the meantime Claire is piloting the food supplement in a number of severely malnourished patients, and they gain weight before her eyes.

Claire has set up a support group of people with AIDS who come together and support each other. This is the start of the process of openness and directly confronting the whole issue. It provides an opportunity to teach “positive living”. They make badges with beads which Claire has managed to sell in huge numbers. More details from her later in the report.

Working with the Salvation Army

This still remains a real problem. Despite the arrival of a new head man from the UK and a splendid project officer from Tanzania, the local staff have got into such bad habits of incompetence and disinterest in the work being done that we do not think they are capable of mending their ways. This gives us a double challenge –providing the home based care and having to cope with poorly motivated managers. We have plans to distance ourselves as much as possible.

Looking forward to the next twelve months

Funding support

We have been funded a second year by the National AIDS Commission (\$10,000), but they have their hands tied by their donors (the World Bank in this instance) which means we cannot use their money this year to buy drugs, which in theory can be obtained from the government central medical stores, but in reality are not available. This means we have had to buy all our drugs using your donations. Without them we would not be able to do our work effectively. Goodness knows what other home based care teams do?

By June this year it looked as if Family Health International (FHI), the American based NGO with financial backing from USAID were not going to fund us despite promises over the previous six months. The news drove Emily to decide to take things into her own hands! And as many of you know we now have a registered charity called Malawi Home Based Charitable Trust, 31 Castle Street, Southampton, SO14 6HE. The bank account details are Account Number 82314347 with Sort Code 40-42-18. She wrote to potential donors and won £77,000 over three years from Diana, Princess of Wales Fund. Fantastic! Just when we heard the good news, FHI decided they would fund us after all, which means we have double funding for the same project! In fact there is still a possible glitch with FHI (the contract misses our first year’s funding, which we are assured is simply a typing mistake). We had to be honest with the Diana fund and will have to submit an alternative proposal if we do not use their money for what we originally proposed, which is fair enough but hard on Emily.

The plan

The plan is substantially what we had in mind last year. It includes:-

- In Bangwe – to be paid for by NAC and FHI
 - Continuing the community efforts to stop the spread of the disease through primary prevention
 - Continuing to provide home based care to all 15 villages
 - Starting up an antiretroviral therapy clinic in Bangwe with the Ministry of Health – we are reserving some of your funds to refurbish part of the health centre so our staff can move there from their existing cramped office at the Salvation Army.
 - 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 mosquito nets 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, both passed their health surveillance assistants examination, and Sandram is writing his exams this week.
- Research to evaluate the whole project
- In another township in Blantyre – to be paid for by the Diana fund
 - A similar scheme away from the Salvation Army
 - Drugs for both sites
 - A training course on advanced home based care for community nurses.

What it is really like

A few new 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

The stigma of HIV/AIDS is still great. In February '05 we started a support group for people living with HIV/AIDS at the Salvation Army premises where people can meet and share their problems in a confidential setting. As one of its members said "Before I started coming to the meetings I felt lonely and afraid. I can't tell my family I have AIDS – they would turn me out of the house. I can now talk about the problems I am facing with my new friends and we give each other support and encouragement." They share a community garden to generate a little income and several members make bead badges with the HIV logo to sell. Micro loans to set up a small business, be it selling dried fish, second hand shoes or charcoal, also help to get them back on their feet. Founder members, Annie and Felix Jozee, who I wrote about last year, are doing well and recently purchased a treadle sewing machine with the proceeds from their badges. They will be able to hand down their tailoring skills to their children.

Most people in Bangwe survive on less than \$1 a day and so are usually hungry, but resilient and resourceful. Bonding starts at an early age and it's common to see groups of children playing together ranging in age from three months to twelve years, with the babies strapped to the backs of the older ones. They have no toys but will create games from such treasures as old bottle tops, plastic bags strung together to form a skipping rope, mud and water. They expect to spend their days looking after each other, carrying water and helping with household and garden chores. Quarrelling and crying are rare and on our visits to patients they are quiet and well behaved reminding me of the saying "seen but not heard".

Dafter was a 19 year old lad – orphaned from an early age and living in a tiny hovel with his ancient grandmother, the sole surviving member of his family. He was in an advanced stage of AIDS when we first saw him, in pain and hardly able to move. There was no food and I don't think he had washed for weeks. He asked for eggs which we supplied but grandma ate them all. We put him on Morphine but grandma threw it away. We involved the volunteers and taught them how to administer the drugs every four hours. They washed and fed him and he died in relative comfort and pain free. The volunteers each got 200 kwacha (about £1) for their efforts.

Joyce is an emaciated 30 year old widow and mother of 2. She had been in severe pain for months, unable to do anything for herself – even feed herself - and her children had stopped going to school to

look after her. Over the last four months we have reduced her pain so much that she can now feed and wash herself, walk with support and do simple house hold tasks. She has completed her TB treatment and we provided transport for her to go to hospital to have the HIV test. As expected, she is positive. She has been booked to start anti retroviral therapy in February and our job now is to support and keep her well until then. There are no relatives to help and her greatest fear is to die and leave her children before they are old enough to manage without her.

Conclusions

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

- Employed two full time nurses
- Bought one more motorbike
- Supported the drama group which performs plays on different aspects of HIV/AIDS to the villages each weekend and has started a youth group. In September we ran a five day workshop to increase their knowledge, they were asked to perform at the World Palliative Day in October in Zomba and links have been forged with the International School in Blantyre
- Paid school fees for six orphans' secondary education and provided nutritional support
- Paid for data collection and help with analysis

2005 Donations

Needless to say we now rely on your continuing support. Your funds give the project the flexibility to provide care and support when other systems fail or are unavailable. We hope this report reassures you of the good use to which your contributions are being put.

Donations for the year come to £7220.25. £1000 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 should amount to £1542. The total funds available for the project therefore come to £9045 – a really valuable resource for us to be able to use. Thank you.

Donor	Gift
Sheffield family	£ 500.00
Past Malawi residents	£ 1,000.00
District nurses – Chard	£ 146.05
Australian supporters	£ 400.20
Family donation	£ 1,000.00
Chard friend	£ 500.00
Chiropodists	£ 30.00
Chard friend	£ 500.00
Stoke Abbot Street Fair	£ 50.00
District nurses – Chard	£ 150.00
Australia family	£ 244.00
Chard nurse	£ 200.00
Scottish family	£ 250.00
Trinity Church, Wimbledon	£ 250.00
Scottish family	£ 1,500.00
South Shawlands Church of Scotland	£ 500.00
Total	£ 7,220.25

Please do not send any more donations to the Salvation Army. Instead please use our own charity with the following bank account details.

Malawi Home Based Charitable Trust

31 Castle Street

Southampton

SO14 6HE

Account Number 82314347

Sort Code 40-42-18

Please send a letter declaring it is gift aid so that the Trust can claim back the tax. Emily can let you have a draft letter on request to her address above. We will be transferring all the money from the Bowie Malawi account into it, amounting to £6126.

Attached to this report is the annual accounts comparing last with this year. Please let me know if you have any queries.

Claire and Cameron Bowie

College of Medicine

Private Bag 360, Chichiri

Blantyre 3, Malawi.

**DONATIONS TO BANGWE PROJECT
DRAFT ACCOUNTS**

	Period Jan '04 - Dec '04	Period Jan '05 - Dec '05
Fund Balance b/fwd	6,541	4,698
District nurses - Chard	530	146
Australia family	491	244
UK family	1,000	1,000
Old school friend	500	
Trinity Church, Wimbledon	250	250
District nurses - Chard	408	250
Scottish family	1,213	1,750
South Shawlands Church	487	500
Sheffield family		500
Australia friends		400
Chard friends		30
Chard friends		500
Chard friends		500
Stoke Abbott Street Fair		50
Anonymous donor		100
Interest	4	8
Total Income	11,424	10,926
Expenditure		
Transfer to Salvation Army	6,540	
Bangwe expenses	186	
Motor Bike		2,200
Orphans		433
Patient support		87
Nursing expenses and drugs		1,093
Drama Group		779
Salary supplementation		208
Total Expenditure	6,726	4,800
Funds Carried Forward	4,698	6,126

Note: £1000 was sent by one of our donors direct to Salvation Army in February 2005. It is not included in above. This was used by Salvation Army to pay nurse salaries