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# Malawi Home Based Care Charitable Trust

UK Charity Registration Number: 1111872



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Batheaston  
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## Annual Donor Report 2006

Dear Donors

The Malawi Home Based Care Charitable Trust was set up at the beginning of 2006 to financially support the Bangwe Project in Malawi. During the course of the year we have received over £14,000 in donations, all of which has been transferred to Malawi. The money has been used by the project managers to buy drugs, motorbikes and equipment, pay nurses' salaries, support families on the brink of starvation and fund orphans' school fees. There are no administration costs whatsoever, the money you give goes directly where it is needed most. We also stand to receive an extra £2500 by claiming tax back on donations given as gift aid.

Thank you for supporting the Trust last year. Your donations help to bring comfort, support and the chance of a better future to many people. The work continues, the project is expanding and the number of patients identified as having HIV/AIDS and needing palliative care is rising. Please continue to support us in 2007.



If you would like to make a donation you can do so by post or online.

By post

Make cheques payable to 'Malawi Home Based Care Charitable Trust' and send to the address above.

Online

Our HSBC bank details are:

Sort code: 40-42-18, Account number: 82314347

Please remember to email us to tell us how much you are donating and complete a gift aid declaration form if you wish the donation to be treated as gift aid. All these details and more are available on our new website [www.malawihbc.org](http://www.malawihbc.org).... Take a look.

If you would like further information or a copy of the official accounts for 2006 please contact us.

Many thanks again for all your support and a happy new

Emily Bowie  
Trustee

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year.

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# Fourth Annual Progress Report of the College of Medicine Bangwe Project – December 2006

## **Introduction**

This is the fourth annual report of the Bangwe Project written for private donors. It provides details of activities and future plans. Finally, on behalf of everyone involved in the project, it thanks you for your support. Past reports have also provided the opportunity to summarise donations received and how the money has been spent. Because the UK based “Malawi Home Based Care Charitable Trust” has been set up and all money is channelled through it, financial information will be part of the Trust’s annual report and accounts, available on request.

## **Looking back on 2005**

### ***Funding Crisis***

Our experience in dealing with Family Health International (FHI), an American based NGO (Non Governmental Organisation) provides a sorry tale. We were promised funding for Bangwe in November 2004. Contracts were eventually signed in January 2006, but for 2 rather than the proposed 3 years. In October this year we, like the other seven home based care projects being funded by FHI, were told without apology that funding would stop in February 2007. In fact we have been persistently under reimbursed for the project since the start. In addition, they have failed to pay the agreed rental which would have allowed the building of an office in the Bangwe Health Centre for our team. Looking back we should never have sought funds from them<sup>1</sup>. The Diana, Princess of Wales Memorial Fund which had also offered to fund the same work, would have been a far more reliable funding partner.

The net result of this disastrous decision to accept FHI funding means that we have a financial crisis, for which we have asked the Charitable Trust to intervene. Funds donated by donors have already been sent out to:-

- Fund the building at Bangwe Health Centre – we need and want to move away from the Salvation Army premises to the government premises, which will allow better team work and links with the Anti Retroviral Therapy (ART) clinic there. This is costing £4000 which Blantyre City Assembly will organise.
- A fourth motorbike for Bangwe so the team can have transport without relying on Claire - £1700
- The end of year gratuity (which is in lieu of pension) for contract staff - £1572
- Expenses for volunteer training sessions and Christmas party - £50
- Project expenses 12 months £3600
- Salaries from February onwards - £1347

### ***Achievements in 2006 despite funding crisis***

Despite the insecurity and management effort diverted to deal with FHI and the Salvation Army the Bangwe Project has continued to provide an extended range of care and support for people requiring home-based care and their families. In addition, funds have been procured from the Diana, Princess of Wales Memorial Fund to provide a duplicate service in the neighbouring Limbe catchment area.

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<sup>1</sup> I am writing a paper on the inherent dangers of foreign NGOs with a friend who found similar problems while working for the United Nations.

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## **Bangwe**

The team – 3 nurses and three assistants have:-

- Enrolled 6 - 10 new patients each week in the 15 villages identified by our home based care volunteers
- Visited 72 follow up patients each week, giving them the drugs, support, advice or referral they need
- Run a support group for people living with HIV/AIDS:-
  - Set up the volunteer positive living project - facilitate weekly meetings – averaging 30 attending each week out of 50 members
  - Monthly “cook in” sessions offering nutritional advice
  - Encourage the making of little bead badges with the HIV logo to generate income
- Support the volunteer drama group who:-
  - Perform health educational drama to up to a thousand people each week
  - Take part in national events
- Support orphans with school fees and basic school essentials
- Provide financial assistance to repatriate destitute families, bus fares to attend hospital appointments and food support in a crisis situation

College staff have supported the efforts of the team through:-

- Providing management support
- Undertaking research into orphans – report on the College website<sup>2</sup>
- Analysing results of the home based care project<sup>2</sup> and presentation of the results at the College of Medicine conference.

## **Limbe**

The project received funds from the Diana, Princess of Wales Memorial Fund to the tune of £35,000 a year for three years. The Limbe project mirrors the Bangwe Project, with funds for 2 nurses, 4 assistants, three motorbikes, drugs and volunteer training. To date the bikes are procured, the nurses and assistants appointed, and patients are being identified. Volunteer and assistant training is planned for early 2007 and the launch will be held shortly after with the Village Chiefs fully involved.

## **Looking forward to the next twelve months**

### **Funding support**

The Diana funding for Limbe is secure. We are seeking funds from the National AIDS Commission (NAC) to continue the Bangwe work. In the interim between the FHI funds disappearing and the NAC money becoming available (we hope), we are relying on the Charitable Trust. Thank goodness we have it to come to the rescue. We are so confident of continuing support that we are offering 12 month extensions of contracts to our team. The last thing we want to happen is for them to feel insecure and leave when they are so well trained and effective.

We will also be helping the local volunteer groups we rely on so heavily to form local organisations which can become autonomous of foreign NGOs such as FHI and the Salvation Army by seeking funding directly from the NAC.

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<sup>2</sup> [http://www.medcol.mw/commhealth/national\\_research.htm](http://www.medcol.mw/commhealth/national_research.htm)

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## **Service developments**

The main theme of 2007 for the project will be helping the professional staff become confident and take over the full running of the scheme. Claire will continue to provide the training, support, and quality assurance, while Cam will support his colleagues undertake the operations research.

The important developments set up in 2006 will be consolidated in 2007. These are:-

- The positive living initiative – helping people with HIV/AIDS live healthy lives, delay disease progression and protect their families through safe behaviour. Already we have 70 individuals on ART (anti-retroviral therapy) who have asked for help. We need to “capture” people while they are in the earlier stages of the infection.
- Orphan support. The research into the needs of orphans, particularly orphan headed households and those children caring for their parents and about to become orphans has identified practical support that would be possible to provide. We are working with the community to try to provide this support.
- Maximising the use of home based care assistants to allow wider coverage of the service with the limited nursing staff available.
- Linking up with the ART clinics in Bangwe and Limbe to improve referrals and appropriate care.

## **What it is really like**

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

Rats! I visited a 65 year old man who had recently had a stroke. I noticed the heel of his paralysed side looked a bit chewed. His wife reassured me that it was only rats and no permanent damage was done. I suggested she kept his drugs - also a bit chewed - in a plastic bag and hang it on a nail in the house out of harm's way. What a stupid suggestion! This household was far too poor to possess either. Just imagine not having a spare polythene bag in your house or a handy nail or hook on the wall. Memories of pressure relieving mattress and the pest control officer seem like a distant dream. Most people sleep on a straw mat on an earth floor in a single room shared by the whole household including the rats.

One of the problems of peri-urban townships is constant migration. People come from the rural areas in search of work, find there is none, run out of money and become 'marooned'. Life becomes a struggle for survival, the search for food a necessity. Theft, prostitution and begging can become the only options. Often the migrants become infected with HIV. When they become sick people believe they should die and be buried where they were born. The death of a spouse or breadwinner compounds the situation as the surviving family are unable to return to their home village where there is better food security and family support. Recently we have been able to repatriate two such people – the first a very sick young man from northern Malawi and the second a widow with four children. The eldest 14 year old daughter was supporting the entire family on 100 kwacha a week (50p/\$1) by carrying water and doing menial household chores.

The resourcefulness and resilience of Malawians fill us with admiration. In the face of such adversity, they are still able to smile, share a joke and remain courteous and dignified. Their manners are impeccable, their religious faith unshakeable and their survival tactics and optimism impressive. I think it is often these qualities that inspire and challenge us to carry on.

## **Conclusions**

The work is relying on your support now more than ever. We hope you feel your support is being well used.

**Claire and Cameron Bowie**

**College of Medicine, Private Bag 360, Chichiri, Blantyre 3, Malawi.**