

Fifth Annual Progress Report of the College of Medicine Bangwe Project – December 2007

Introduction

This is the fifth annual report of the Bangwe project written for private donors. The Bangwe project provides a comprehensive programme of care and support to people living with AIDS in Bangwe, a large township outside Blantyre, the commercial capital of Malawi. It was set up by Cam and Claire Bowie in January 2003 and is now run by a team of three nurses, three health care assistants and thirty volunteers with support from the Malawi University College of Medicine. Together the team provides medication, pain control, counselling and support to chronically ill patients and their families. They see over thirty new patients and make over 300 home visits a month. In addition, the project supports a local voluntary drama group, a patient support group and an orphan sponsorship scheme.

This report provides details of the Bangwe project's activities and future plans. It also provides some details of the Limbe project which is a second home based care project that has been set up this year. All Bangwe project funding, including that from private donors, is channelled through the Malawi Home Based Care Charitable Trust. Financial information can be found in the Trust's annual report available on the website, www.malawihbc.org.

Looking back on 2007

Funding

As anticipated in our 2006 report the Family Health International (FHI) funding dried up in January 2007. The shortfall on promised funding of \$43,728 from FHI, which was the conduit for USAID dollars, was \$18,962. This peremptory withdrawal of funds happened with all the home based care projects FHI was funding in Malawi. Each was left high and dry. The others did not have a Charitable Trust and donors available and ready to fill the gap. We were not told why the withdrawal had occurred but it is reasonable to assume that the dollars were needed in Iraq. A paper, which is available on request, has been written by Martin Barber and Cam on the behaviour of international NGOs using the FHI experience as an example of their perfidy and submitted for publication.

This calendar year the Malawi Home Based Care Charitable Trust has remitted £19,868 to the account in Malawi. This has paid for salaries of Bangwe staff for the whole year, funds to complete the building at the health centre, a motorbike, fuel for transport, incidental running expenses such as phone coupons and orphan and patient support.



	Income	Expenditure
balance on 1/1/07	£5,724	
trust funds	£19,868	
salaries		£13,842
completion of building at Bangwe Health Centre		£2,027
motorbike		£2,007
transport		£953
workshops and running expenses		£376
orphans and patient support		£4,027
drama group		£1,018
balance at 8/12/07		£1,343
	£25,592	£25,592

The Diana Princess of Wales Memorial Fund has been a good donor, allowing flexibility within budget lines and remitting promised funds on time. Each year we receive £35,000 from them which has gone to setting up and supporting the home based care project in Limbe and also for drugs for Bangwe, which has relieved the Trust of

a £2,500 per year burden. We send them an annual report each year which starts and finishes in August (which we can send you on request).

We have been seeking funds from the National AIDS Commission (NAC) and have been promised the funds to continue the Bangwe project. However, NAC is a slow moving dinosaur and had been unable to process the project proposal which we put in at the tail end of last year until the previous project which NAC funded through the Salvation Army had been closed. This took ten months due to the extraordinary incompetence of the Salvation Army here, who failed to send in financial statements and return over £1000 that had been sitting in their account – money which should have been disbursed to us but which at the time they said they did not have! Can you believe it? Our new project proposal is now being processed and we are hopeful for three year funding to commence early in the New Year.

Achievements in 2007

Bangwe

The team – three nurses and three assistants have:-

- Enrolled 4 - 8 new patients each week in the 15 villages identified by our home based care volunteers
- Visited 48 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 and:-
 - facilitated weekly meetings – averaging 30 attending on alternate weeks out of 80 members
 - supported monthly “cook in” sessions offering nutritional and positive living advice
 - provided seed, fertilizer and hoes for the communal garden
 - encouraged the making of little bead badges with the HIV logo to generate income
 - helped to set up a sister support group in Nguludi
- Supported the volunteer drama group who:-
 - perform health related drama to up to a thousand people each week
 - came first in a number of competitions and were asked to perform at important functions such as World AIDS day
 - have met fully the obligations of a micro-loans scheme
- Supported orphans with school fees and basic school essentials. Many orphans have now been sponsored for two to three years and are reaching the end of their secondary schooling. They need and we are encouraging them to go for vocational training, which also needs financial support. One girl has completed a whole year as a car mechanic apprentice; another girl has been a volunteer at the health centre four days a week in the hope of becoming a health surveillance assistant.
- Provided 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
- Analysing results of the home based care project and presentation of the results at the College of Medicine conference (copy of which can be sent on request).

Limbe

The Limbe project mirrors the Bangwe Home Based Care scheme, with funds from the Diana Princess of Wales Memorial Fund for 2 nurses, 4 assistants, three motorbikes, drugs, volunteer training. Claire has spent most of her time this year in Limbe helping to build up the quality of the service. A local NGO has been established and their launch



was held on 15th December 2007 with the Village Chiefs, MPs and local Trustees fully involved.

Service developments

The main theme for this year has been helping the professional staff become confident and take over the full running of the scheme. Norton, the senior nurse, has taken over running the fieldwork and Muza the management of both schemes. Claire was away for quite some time in the UK and they managed well. Norton finishes his MPH soon and is writing up his dissertation which is on the characteristics of our patients who survive without antiretroviral therapy. Muza has been pushing the contractor to finish the building work, which should be ready for the start of the New Year, when we shall move from the Salvation Army premises.

Six home based care assistants have received a formal 10 day training in the principles of palliative and home based care. They all passed the end of course exam and received certificates. The home based care volunteers, the drama and support groups have all been given two short refresher courses – short due to financial constraints. They really do appreciate them and say they are never frequent or long enough.

Claire has set up a staff appraisal scheme and we have been working out ways of giving them their chosen training – most are attending a special computer skills course we have set up for them on a Friday afternoon at the college. We also have introduced a team building/support session once a month – particularly important for staff dealing with dying patients.

An ex-VSO teacher, Johnny Millatt, who had been in Ncheu in 2002/3 spent his summer holidays with us and devoted his time to setting up a revision class and peer teaching sessions for our orphans to help them pass their exams. It will be interesting to see if his efforts and enthusiasm translate into exam passes! He also looked at ways the support groups might generate income. The income generation plans for 2008 include the part purchase of sewing machines and carpentry tools and bi-annual training workshops.



Looking forward to the next twelve months

Funding support

The Diana funding for Limbe is secure. Until the NAC funding materialises we rely on the Charitable Trust. Thank goodness we have it to come to the rescue.

We will also be helping the local volunteer groups in Bangwe form their own civil based organisation (CBO) which, like the Limbe one, can become independent of foreign NGOs such as FHI, the Salvation Army and in due course us, by seeking funding directly from the NAC.

Service developments

The need for community home based care continues relentlessly. A recent review of the HIV prevention strategy which Cam conducted shows that new infections are occurring at the same rate as 15 years ago (review available on request). The prevention strategy has failed. Over a quarter of young women attending antenatal clinic in Limbe are HIV positive.

We hope the staffing at Limbe will be more settled and allow Claire time to devote to training, support, and quality assurance. The new CBO there will take over volunteer training and we hope will support one or two drama groups. Being totally divorced from the Salvation Army will allow us the opportunity to set up an autonomous CBO in Bangwe as we have done in Limbe. We hope this will eventually take on the volunteers and drama group. Being located in the health centre should allow improved referrals and a more comprehensive package of care for patients. This will be our main focus of improved care and operations research, which Cam will support his colleagues to undertake.

Transport is a problem particularly in Limbe. The female nurses find the motorbikes heavy to use particularly with a pillion passenger and the drugs bag. The need for vehicle transport is such that Claire let the team use our RAV4 for the months she was away. We think we will have to buy a 4-wheel drive vehicle for the project. Trustees have discussed this and hope to be able to fund the purchase of a second hand RAV4 for £5,000 this coming year if the NAC funding materialises.

What it is really like

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

Two recurring themes continue to haunt and inspire me. The first is the poverty. I won't dwell on the usual aspects of hunger, deprivation and suffering that bombard your television screens. The face of poverty also has the redeeming features of simplicity, dignity and acceptance. It rules out materialism, competition and greed. We occasionally visit two admirable old biddies who live in such abject poverty that only one of them can leave their house at a time as they have just one chenje (cloth that women wrap around themselves like a sarong) between them. I have watched children catch cockroaches, grasshoppers and flying ants to eat and of course chargrilled mbewa (roasted mice) are a delicacy during the dry season when there is little else to eat.

It is this resourcefulness and resilience that inspires me. 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 truly inspiring.

Stigma around HIV and discrimination still frustrate our work – the stigma takes away trust, friends, family and limits communal life and future expectations. But it is so much better than it was and antiretroviral drugs have helped to create more openness. We visit one patient who nine months ago was so sick. Due to fear and husband pressure, she delayed having the HIV and TB screening tests and we watched her becoming increasingly debilitated and unable to care for her young family. Finally a crisis hospital admission identified TB and the HIV test proved positive. She is now on treatment. She is fit and has gained weight, her children are well cared for and she waves and smiles as we go past and says she only wishes she had accepted help earlier. Her husband still refuses to be tested.

If and when the NAC funding comes through, I look forward to having more charitable trust money available to spend on extra training, better support services for our staff and volunteers, improved patient care and fighting this discrimination. All the team and beneficiaries of the project send their grateful thanks for your continued help and interest.



Conclusions

The work would have ground to a halt this year without your support. The demand for home based care does not diminish. We hope you feel your support is being well used. The emphasis is now firmly on encouraging the project to become self-reliant. This takes time so please continue to donate.

Claire and Cameron Bowie

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