

Eighth Annual Progress Report of the College of Medicine Home Based Care Project – January 2011

Introduction

This is the eighth annual report of the College of Medicine Home Based Care Project written for private donors. It provides details of activities, financial information and outlines future plans. Financial information is also available in the annual report of the “Malawi Home Based Care Charitable Trust”, the UK based charity set up to support the project through which all money is channelled. For a copy of this report please see website www.malawihbc.org or contact kate@malawihbc.org. On behalf of everyone involved in the project, we thank you for your support.

Looking back on 2010

This is the first year when we, Claire and Cam, have been absent from Malawi and the local team have been on their own. We need not have been apprehensive as the work of the home based care project from all accounts has been continuous, of a high quality and providing palliative and home care to a large number of people in Bangwe and Limbe. Norton Gondwe, our project manager, senior nurse and soon to complete his Masters in Public Health has written this to the Diana, Princess of Wales Memorial Fund in his recent report.



“I would simply say that the performance is good, we are able to offer care to more people and our expansion to new areas has improved access to care for more people living with chronic conditions, we are



registering high numbers of patients, on average 10 per week, mortality has reduced and more patients are surviving. The good collaboration with Anti-retroviral Treatment (ART) staff at Bangwe has improved access to ART for our referred patients as they are given priority, the new clinical officer is happy to accompany the team to assess patients who need ARVs but are bed ridden, initiation is done by the Home Based Care (HBC) team. Queen Elizabeth Central Hospital (QECH) has been quick to help patients that we send for CD4 (*a blood test for AIDS*) and cancer therapy through Tiyanjane clinic.

Bangwe team has been very dedicated to their work without any frustration. In house discussions of patient scenarios are helping HBC assistants to be very confident in assessing patients”.

An independent evaluation of the project was commissioned by the Diana Fund and is available at <http://www.theworkcontinues.org/document.asp?id=1525&pageno>, more or less confirming what Norton reported. A detailed analysis of the work in Bangwe titled “*Changing clinical needs of people living with AIDS and receiving home based care in Malawi - the Bangwe Home Based Care Project 2003-2008 - a descriptive study*” was published in June last year in BMC Public Health and can be found at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2909166/?tool=pubmed>. I, Cam, went back to Malawi on a number of occasions in 2010 to help at the College of Medicine, and took the opportunity to see the project team and make sure the finances were in order. Claire went back in September. This is her report:-

Claire’s Report

I visited the project on Sept 16th and 17th this year and again on Oct 12th. It was a heartening and reassuring experience and it was good to see everyone again after 10 months away. The project is still functioning well in my absence, staff are well motivated and enthusiastic, they have increased their catchment area, liaison and referrals from the health centres are good and the continued need for home based and palliative care is as strong as ever.



Staff

1. Five nurses and four HBC assistants work between Bangwe and Limbe. Plans to recruit and train more HBCA's are on hold as we still await official recognition of their role from the Malawian Nursing Council. Also one full time cleaner/messenger is employed in Bangwe office. The Diana Princess of Wales Memorial Fund still pays for three nurse salaries and the Malawi Home Based Care Charitable Trust pays for the other two nurses. The Ministry of Health (MOH) reneged on the agreement to take our staff onto their pay roll. Staff dynamics in Limbe are still a problem with less patients being seen each week. Norton is working on it.



2. The procurement of drugs and dressings are being well managed by staff. The regulations for the supply of Morphine have been tightened and the project is no longer allowed to keep large amounts. However there is a good relationship with the palliative care doctor at the government hospital to ensure morphine can be accessed readily for named patients in need.
3. One of our very experienced nurses, Lydia, started a distance learning diploma course in palliative care in Jan. 2010, starting with a 4 week visit to Uganda (her first time to leave Malawi and to fly). She is finding the assignments and deadlines a challenge but she is given extra time off work to complete these and I took out some new, relevant reference books to help. We are confident she will pass and this will enable her to teach palliative care in an official capacity to nurses in Malawi.
4. Norton completed his Masters in Public Health this year and awaits the final results of his dissertation. He attended the Africa Palliative Care Association (APCA) conference in Namibia in September paid for by the Diana Fund. There are plans to enrol another nurse on the next Hospice Uganda palliative care course.
5. All staff are involved with regular training and refresher courses for the HBC volunteers both in Bangwe and Limbe.



Orphans

1. Orphan support has cost £5,200 so far this year (2010) – school fees, uniform, food support, transport, stationary, text books, candles for studying after dark, vocational training and further education are the main expenses. Poor standards at local government schools mean poor exam results. For orphans with potential we have been offering to pay private school fees. This is more expensive and adds a further year or two to their school careers. However the results have been encouraging and worth the additional expense, as failure to obtain the Malawi School Certificate of Education (MSCE) leaves school leavers with no chance of qualifying for further education or of gaining any meaningful employment.
2. 17 orphans are still in need of ongoing support – 7 are still at school of which two have special needs (deaf and blind), and the other 5 are repeating Form 4 at better schools, either because they failed the MSCE or they need to get a better pass, 5 are embarking on vocational training, 4 are due to complete advanced training in 2011 and one has been offered a BSc Laboratory Technician training at the College of Medicine. No further orphans have been taken on in the last 2 years. Additional sponsors are urgently needed.

Patient support



A small fund, designed to provide financial support for patients in extreme need e.g. food, transport to hospital, repatriation to home village if destitute and sick with no one to care for them, loans to start a small income generating business, is set aside and appropriated by the project manager. This is a vital resource using Malawi Home Based Care Charitable Trust funds.

Drama Group

The Tithandizane drama group, who the project has supported for the last 8 years, has been disbanded. Poor management, which was not improved despite support from Norton meant that they were not working as a cohesive, loyal and trustworthy group and the decision was made to formally close it. They were thanked for all their hard work and valuable contribution to the community. They have been an outstanding success over a long period of time and I was always amazed that they

kept going for as long as they did. They spread the message of HIV/AIDS awareness and prevention, along with health education to thousands during that time. Some of the members have joined the Bangwe health service drama group so will take with them their knowledge, skills and experience.

Support Group

This is supported by the project and funded by the Malawi Home Based Care Charitable Trust. It is still operating well – originally set up to provide a non stigmatised place for people living with HIV/Aids to meet and share their problems. They have weekly meetings with a fortnightly clinic run by the HBC team, regular



activities such as workshops on nutrition, health, adult literacy classes and income generating schemes. Three treadle sewing machines have been purchased for the group and 30 people trained as tailors. The Salvation Army provide a room, rent free for the meetings.



Finances

The annual report to Trustees describes the financial position of the Malawi Home Based Care Charitable Trust and the use of funds in Malawi. Total expenditure between July 2009 and June 2010 was £13,715, of which a third was used for orphans and the remainder for the Home Based Care services. As reported to Trustees, since November 2009 the Trust was in receipt of £6,777.55, including £2,829 restricted for orphans and £200 for the drama group. The balance of the account in November 2010 was £1,928 but the Project in Malawi was owed £5,417. With the Trust owed approximately £7,782 of unclaimed gift aid, finances were in balance at the end of the year. For this coming year, however, it is estimated that the annual cost for orphans is approximately £6,840 while sponsors are committed to donating approximately £3,438. The Trust is therefore seeking new sponsors. The expected cost of support for the home based care team is £13,160. To help cover this anticipated expenditure the Trust will be seeking support from various funders. However there is no reason to be optimistic about success and so any additional support is welcome.

Funding from the Diana Fund (which currently covers three nurse staff salaries, all drugs, staff training and transport costs) ends in June 2012. The Trust is applying to Comic Relief for funding to cover these elements of the project beyond June 2012.

12 months expenditure July 2009/Jun 2010	£	13,715.31
Salaries	£	1,039.47
Transport	£	1,238.48
Drama group	£	1,678.95
Patient expenses	£	67.41
Orphans	£	4,935.01
Bank charges	£	88.15
Salaries and other expenses	£	4,454.48
Currency instability	£	213.36



Conclusions

The work would have ground to a halt this year without support from private donors like yourself. The demand for home based care does not diminish. We hope you feel your support is being well used. The project is becoming self-reliant. The team is operating and providing quality care without our close support. Sustainability will occur if the team can be assimilated into the mainstream health service and help to set up similar home based care teams in other areas. But this takes time. Meanwhile the project provides a living example for the rest of the country. So, please continue to donate.

Claire and Cameron Bowie

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