

# Ninth Annual Progress Report of the College of Medicine Home Based Care Project – December 2011

## Introduction

This is the ninth 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](http://www.malawihbc.org) or contact [kate@malawihbc.org](mailto:kate@malawihbc.org). On behalf of everyone involved in the project, we thank you for your support.

## Looking back on 2011

This is the second 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. Cam was in Malawi earlier in the month and was able to visit the team in Bangwe and get first hand information from them.



## Workload

A summary of the returns made to the National AIDS Commission shows how the workload of the team has changed over the last four years:-

College of Medicine Home Based Care NACAR returns	2008	2009	2010	2011
Number of new persons who enrolled for Community Home Based Care Services (CHBC) services in the year	302	246	515	290
Total number of persons who received CHBC services in the year	2043	1787	2192	3237
Number of community home based care visits by health care worker/s in the year	2821	2426	3600	3878
Number of community home based care visits by volunteer/s in the year	6110	4790	6940	7607



The number of patients seen for the first time is falling. This may relate to the success of the antiretroviral therapy (ART) helping new AIDS patients remain well and mobile. On the other hand, the number seen before but requiring new treatment is increasing. This may relate to the increasing number of patients on ARTs, some of whom are getting side effects of the drugs or resistance to them, with recrudescence of symptoms. The increasing number of visits by volunteers relates to the increased size of catchment population with more villages and hence more volunteers. The increase in workload has occurred despite a reduction in staff numbers.

## Staff

1. The contracts of two nurses were not renewed last December and so there have been only three nurses and four HBC assistants working between Bangwe and Limbe. The Diana Princess of Wales Memorial Fund pays for the three nurse salaries and the home based care assistants. The Trust no longer has to pay the salaries of two nurses, which was a huge drain of resources.
2. One of our very experienced nurses, Lydia, completed a distance learning diploma course in palliative care this month run from Hospice Uganda, and gained a first class pass. This will enable her to teach palliative care in an official capacity to nurses in Malawi.
3. Norton, the project manager, passed his Masters in Public Health this year and will graduate at the next ceremony.

4. Mishek, the third nurse, failed to get accepted onto the Hospice Uganda course this year but is trying again next year. In the meantime he is attending some short courses run at the College of Medicine.
5. The nurses would not have been able to cope with the numbers of patients being seen and treated without the help of the assistants.
6. All staff are involved with regular training and refresher courses for the HBC volunteers both in Bangwe and Limbe.



### **Orphans**

Orphan support has cost £5,000 this year – school fees, uniform, food support, transport, stationary, text books, candles for studying after dark and further education fees are the main expenses. Attempts to reduce the numbers and financial burden have been successful. 10 (17 last year)



orphans are still in need of ongoing support – two special needs children (one blind and one deaf and dumb) are still at school, two await the results of Malawi School Certificate of Education (MSCE) (if they fail they will need to repeat Form 4 at a better school), two have passed and have been offered vocational training, one has failed again and given up, three have embarked on vocational training this year and three are still being trained. Two have completed and are self reliant. One is now an agriculture extension worker with the Ministry of Agriculture. The other is a mechanic running a repair shop in Limbe.

Poor standards at local government schools mean poor exam results. Failure to obtain the MSCE leaves school leavers with no chance of gaining any meaningful employment. Hence, without the support of family or relatives, these orphans face an insecure future. The Trust feels committed to see each orphan through secondary education and into vocational training. This is expensive but well worth while.

Only one new orphan, a member of a family who have been receiving care for many years by the Project, has been taken on this year and is in Form 3 at a local Secondary School.

We are looking for six new sponsors to share the cost of vocational training with others. Please see if you can persuade someone to “share an orphan” with you or someone else!

### **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 disbanded last year after eight long years of dedicated service to the community. There is another drama group associated with Bangwe Health Centre. The plan is to offer to provide training days for that group. This gives the volunteers of the group a little allowance for the day's training which is always welcome. It also allows our home based care team to teach them about AIDS issues which they believe need to be broadcast to and discussed by the community.

### **Support Group**

This is supported by the project and funded by the Malawi Home Based Care Charitable Trust. It is still operating but less well than in the past. The management (all support members) is less popular and numbers have dwindled. Norton will try to help them deal with this and make the support group as vibrant as it was in the past. It is important as it provides 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 the Charity Commission describes the financial position of the Malawi Home Based Care Charitable Trust and the use of funds in Malawi. Total expenditure between July 2010 and June 2011 was £10,898, of which half was used for orphans and the remainder for the Home Based Care services. As reported to Trustees, between October 2010 and December 2011, the Trust received £25,256.78 from donors including £4,104 restricted funds for orphans. £11,473.99 was transferred to Malawi during this period, leaving a balance of £15,711.17 at 20<sup>th</sup> December 2011. The Project in Malawi is owed £1972, leaving the Trust with a

balance of £13,739.

For this coming year it is estimated that the annual cost for orphans will be approximately £4,500 while sponsors are committed to donating approximately £3,500. The Trust is therefore seeking new sponsors. The expected cost of support for the home based care team is £4,250.

Funding from the Diana Fund (which currently covers the three nurse staff salaries, all drugs, staff training and transport costs) has been extended by them to December 2012. This is when the Diana Fund is closing down. The fund is actively helping the Project obtain funds from other funding organisations for future years. The Trust applied to Comic Relief for funding to cover these elements of the project beyond June 2012 but the application was unsuccessful. The Trust will continue to help the Project fund raise and will liaise with the Diana Fund to coordinate this. Please let us know of any funding organisation you think might be interested. We will need about **£75,000 a year** from 2013 onwards to replace the Diana funds.

### Trust 12 months expenditure July 2010 – 30 June 2011

Salaries	£ 3,482.07
Staff expenses	£ 49.88
Transport	£ 1,373.27
Office expenses	£ 152.23
Patient expenses	£ 400.84
Orphans	£ 5,005.82
Bank charges	£ 96.22
CB expenses	£ 84.08
Unallocated	£ 253.94
<b>Total</b>	<b>£ 10,898.35</b>



## Conclusions

The work of the project has been less reliant on donor support this year as most of the expenses of the home based care services are funded by the Diana Fund. However, your support has helped cover all the expenses listed in the table above and, in particular, provides all the finance for the patient support group the support group and the orphan sponsorship scheme. Orphans, although fewer in number, have higher individual costs as they move from school to vocational training. The success of those becoming self-reliant is a great inducement to continue support for the younger ones.

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. The project provides a living example for the rest of the country of how a home based care service can be run effectively and efficiently. So, please continue to donate.

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